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The **HEALTH of** **MIDDLESEX**

1951



The Annual Report
of the
County Medical Officer of Health,
Administrative County of Middlesex

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PREFACE

To the Chairman, Aldermen and Members of the County Council of Middlesex.

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of Middlesex for the year 1951. I am glad to say that it has been possible to overcome much of the delay which has existed in the presentation of previous reports and to submit it to the County Council for the first time since before the war within a year of the close of the period to which it relates. For this achievement I am indebted to the unsparing efforts of all members of the central office staff concerned in its production and particularly to my Deputy, Dr. Wigley, who has been responsible both for the actual writing of much of it and the detailed compilation of the remainder.

The statistics show that the health of the County has continued to be maintained at its customary high level, and a number of new low records of morbidity have been set up.

Undoubtedly the most dramatic development has been the virtual disappearance of that once most deadly of the common infectious diseases of childhood, diphtheria. In all this great population of two and a quarter millions only four cases were notified and there were no deaths. There now seems every reason to hope that in the near future diphtheria can be classed with smallpox, plague and leprosy as one of the diseases no longer endemic in this country.

The banishing of diphtheria is one of the triumphs of health education. Effective means of immunisation against the disease were readily available for many years before the progressive decline which has led to the present position commenced. It was only after the launching towards the end of 1940 of an extensive campaign of education of the public in the value of immunisation that a clear turn in the tide of the struggle against the disease first became evident.

It is worth while pausing to reflect upon the low price of this victory. The cost of immunisation and of the propaganda necessary to ensure that the number of immunisations is maintained at a satisfactory level together only amount to a few shillings per child treated. The total expenditure in any one year is certainly not a fraction of that which was involved in the treatment of the 2,149 cases (with 79 deaths) which occurred in Middlesex in 1938, the last complete pre-war year.

Such figures as these bear eloquent testimony to the sterility of any policy which tends to aggrandise the curative at the expense of the preventive health services, important though the former may be.

The front-line troops in the campaign of health education are the health visitors, those devoted workers the nature of whose services, perhaps because they are so little spectacular, are so little understood. But the healthy upbringing of young children is not revealed to their parents by instinct and it is the health visitor who teaches the inexperienced—and the not so inexperienced—mother how to avoid the many simple and common mistakes in the care of her children's and her own health which can have all too disastrous consequences. Evidence of their value and success is abundantly furnished by the constantly falling figures of infantile mortality. Although at 23·6 per 1,000 live births the rate in Middlesex in 1951 was slightly higher than in the previous year, it still remained the second lowest on record. On the other hand, the maternal mortality rate (including deaths due to abortion) fell to 0·55 per 1,000, compared with 0·84 in 1950. This figure was by far the lowest ever recorded in the County.

There is no doubt whatever that much of the credit for these achievements is due to the County Council's health visitors. Were their services equally readily available in other fields of human health, particularly in connection with the care of the aged, there is every reason to expect that their influence would prove no less beneficial. Unfortunately, the number of trained nurses adopting health visiting as a career is far too few to meet the needs. In Middlesex the average number of health visitors employed during 1951 was some 14 per cent. below the target establishment provided for under the County Council's approved proposals, and even this figure is tending to fall rather than the reverse.

The training school for health visitors which was established in conjunction with the Education Committee has thoroughly proved its worth. During 1951 the second course was commenced, incorporating several modifications in detail whose value had been indicated by experience. The number of health visitors becoming available for service in the County from each course is, however

barely sufficient to meet the normal wastage. The establishment of a second training school in the north of Middlesex would prove an invaluable development in the service.

Reference has already been made to the outstanding reduction in the incidence of diphtheria. Among the other notifiable infectious diseases there has been a further slight decline in both the notifications and death rates of tuberculosis. While this is in itself satisfactory, it tends to bring in its train fresh problems in the control of the disease. Although modern treatment is doing much to reduce mortality and prolong useful life, complete cure is still a lengthy business and, in consequence, there is a tendency to a rise in the number of infective individuals at large in the community. Under ideal conditions their presence would offer no undue risk to the public health, but where conditions of bad housing and overcrowding prevail, the chronic case becomes a definite menace. In this connection, therefore, as in others, an active and well-directed rehousing policy is one of the prime health needs of the day.

Though the County Council is not itself a housing authority, it has during the past year taken a step towards the segregation of infectious cases by establishing in Twickenham a residential hostel for sixteen homeless tuberculous men. Much more accommodation of this character could well be utilised but the finding of suitable premises is a matter of the greatest difficulty.

The incidence of acute poliomyelitis (infantile paralysis) which has of recent years been giving rise to considerable public concern, showed a welcome decline in 1951 to 107 cases, compared with 285 in the previous year, with two deaths as against 24 in 1950. It cannot be said, however, that this decline is attributable to the discovery of any specific measures of control which might afford hope of a permanent reduction.

During the year several developments of interest took place in the Council's mental health service. In September arrangements were made for a party of 111 mentally defective children to spend a week at a holiday camp under the care of Dr. Fidler, a Senior Medical Officer in the service, and a party of helpers drawn from members of the occupation centre staff together with several volunteers. The visit, which was in the nature of an experiment, proved an unqualified success and there is no doubt that similar arrangements, probably on an increasing scale, will become regular annual events. They have the advantage of conferring a double benefit. In the first place the children themselves, being under the expert supervision of those who know their needs and capabilities, can have their activities organised in such a way that they derive the maximum enjoyment and physical improvement from their holiday. Secondly, if their families can, as in a number of cases they did, arrange to take their own holidays at the same time, they can spend them unfettered by the drag of a mentally defective child and all the limitations upon relaxation and recreation which that involves. To be able to offer the parents periodically the opportunity of a complete break for a short while from the care of their child is one of the best ways of encouraging its retention in community care and thus avoiding the necessity for admission to an institution. To achieve this end, the provision of a short-term holiday home open throughout the year is worthy of consideration. This question is discussed in greater detail in the body of this report.

A very real problem arises when a male adolescent mental defective becomes too old to continue attendance at an ordinary occupation centre. An experimental approach to the problem was made during the year by the opening in October of an occupation centre for adults at Hayes. It was quickly demonstrated that such a centre was most effective in the further training of young male adolescents towards becoming useful members of the community.

Although they are little known to the general public, the value of what are known as therapeutic social clubs in the rehabilitation of mental patients is becoming increasingly recognised by mental health workers. No such club as yet exists in Middlesex, but a number of Middlesex patients have attended clubs in London. The County Council has recognised the work of these clubs and towards the close of the year submitted to the Minister of Health a proposal for the amendment of its approved scheme under Section 28 of the National Health Service Act by the addition of the following paragraph:—

“The County Council will make contributions based on patient attendance to suitable voluntary organisations providing Therapeutic Social Clubs or Rehabilitation Occupational Therapy Centres for Middlesex patients, approved by the County Medical Officer of Health.”

Throughout these reports constant stress has been laid upon the preventive character of the Public Health Service for which the County Council is responsible, and efforts have been made to demonstrate the great contribution to human health and well-being, relative to cost, of preventive as compared with curative medicine. It seems somewhat ironical, therefore, that by far the most expensive service which has to be provided under the National Health Service Act by local health authorities cannot fairly be regarded as partaking of a preventive character at all. I refer, of course, to the ambulance service, which is after all no more than an ancillary, albeit a very essential one, to the curative health services, and in particular the Hospital Service. A perusal of the report of the Chief Officer of the Fire and Ambulance Service, which is incorporated in this report, will sufficiently reveal that, despite all efforts to check possible abuse, the demand upon the service continues

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steadily to rise. It may well be asked whether any retrogression in this demand can be expected so long as the burden of the cost does not fall upon the body from which the demand originates.

I have in this preface been able to refer only to some of the high lights in what has been a year of very real progress in the health services provided by the County Council. This progress provides the best possible tribute to the devoted service of the Chairman and members of the Health Committee, whose support has again been a source of unfailing encouragement to my department and myself. I would also acknowledge with gratitude the excellent work of the staff of the department throughout the year. I have received abundant evidence that their pride in their service is no less than my own.

I have the honour to be,

Your obedient servant,

A. C. T. PERKINS,

County Medical Officer of Health.

COUNTY HEALTH DEPARTMENT,

3, 5 AND 7, OLD QUEEN STREET,

WESTMINSTER, S.W.1.

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SUMMARY OF VITAL STATISTICS RELATING TO THE ADMINISTRATIVE COUNTY OF MIDDLESEX

Area (including inland water)	148,691 acres.
Population 1951 (provisional census)	2,268,776
Number of structurally separate dwellings occupied, 1951 (provisional census)	588,800
Number of private households 1951 (provisional census)	701,700
Rateable value	£22,577,364
Product of a penny rate, financial year	£91,707
Live births—	Males. Females. Total.
Legitimate	15,127 14,015 29,142
Illegitimate	674 666 1,340
Birth-rate per 1,000 home population	13·4 (England and Wales, 15·5)
Stillbirths... ..	662
Stillbirth rate per 1,000 total births	21·3
Deaths	24,094
Death-rate per 1,000 home population	10·6 (England and Wales, 12·5)
Number of women dying from diseases and accidents of pregnancy and childbirth (includes deaths from abortions):—	
From sepsis... ..	3
From other causes	14
Maternal mortality rate per 1,000 total births	0·55 (England and Wales, 0·79)
Infantile mortality rate per 1,000 live births:—	
Legitimate	23·2
Illegitimate	32·8
Total... ..	23·6 (England and Wales, 29·6)
Deaths from cancer (all ages)	4,263
Deaths from measles (all ages)... ..	7
Deaths from whooping cough (all ages)	15

Administrative County of Middlesex.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER FOR THE YEAR 1951.

VITAL STATISTICS

AREA.—The County of Middlesex covers approximately 232 square miles. It is comprised of 26 local authorities, none of which is a county borough although no less than 16 are listed by the Registrar General in his tables as "Great Towns".

POPULATION.—The population is estimated to be 2,268,776 according to the Registrar General's provisional analysis of the 1951 census returns. This figure is about 19,000 less than the Registrar General's estimate of the mid-year home population for last year.

It would however be unwise to conclude that the population had grown less during the year. In inter-censal years the Registrar General must estimate the growth or decline of local populations from incomplete data; as a proper census had not been held for 20 years there was a long period for errors to accumulate and the Registrar General is to be congratulated on being so close in his estimates.

As I remarked in my last report the rapid growth in the County's population over the past thirty years has not been spread evenly; some districts having shown little change while others have grown dramatically. This has inevitably led to a shortage of hospital accommodation in some parts of the county. The ever-increasing proportion of old people in the community has made this shortage particularly severe in bed provision for the elderly sick.

Table 2 in the Appendix shows the age and sex distribution of the population of Middlesex as compared with that of England and Wales. These figures are based on the Registrar General's 1 per cent. sample tables, issued since the last census, which are approximate only—being based on a sample—but the error should be small because of the absolute size of the sample.

In Middlesex 21 per cent. of the population are estimated to be under the age of 15 years as compared with 22·2 per cent. of the general population: 10·2 per cent. are estimated to be over 65 years of age as against 11 per cent. for England and Wales. The effect of this is that in Middlesex a larger than average proportion of the population is of working age and it seems likely that this should reflect favourably in the standard of living and health of the people of Middlesex. It seems likely that this favourable trend will not continue and it may in time be reversed.

BIRTHS.—The Middlesex rate, which is, as is usual, lower than the general rate, shows a slight decline from that of the previous year. In 1951 there were 30,482 births (31,524 in 1950) giving a (provisional) rate of 13·4 (13·9 in 1950). The corresponding rate for England and Wales was 15·5.

Table 3 on page 28 sets out the birth rates over the past 6 years as contrasted with the experience of London and of England and Wales as a whole.

Birth rates by administrative areas and by sanitary districts are shown in tables 4 and 5 (column 12) respectively on pages 29 to 32. There is no great variation within the County though the rates in the western part are generally higher than those in the rest of the County.

DEATHS.—The death rate in 1951 rose above the figure for the previous year; in 1951 the rate was 10·6 as compared with 9·7 in 1950. The corresponding figure for England and Wales was 12·5 in 1951 as against 11·6 in 1950. The higher rate in Middlesex during the year was therefore a reflection only of a higher rate for the whole country.

This higher figure was almost entirely due to a raised death rate in the older age groups due to the severe influenza epidemic which prevailed in the early weeks of the year. In 1950 there had been 134 deaths attributed to influenza as against 454 in 1951.

Deaths from heart disease and other diseases of the circulatory system accounted for nearly half (47 per cent.) of all deaths.

Deaths from cancer (all forms) accounted for 18 per cent. of all deaths.

The percentage of deaths from heart and circulatory diseases and from cancer may seem very high but these are largely the diseases of old age and as more and more of those born reach old age so deaths from the diseases of old age will increase.

Cancer of the lung, which has shown so great an increase in incidence in males in the past half century, was responsible for 819 deaths. Of those, 693 were males. It is disturbing to note that no less than 516 of these 819 deaths were under the age of 65 years. Research into the causation of this disease is being carried out and should yield information which might point to various preventive measures.

Deaths ascribed to respiratory tuberculosis stood at 528 in 1951 as against 567 in 1950. Table 19 on page 43 sets out in detail the deaths attributed to tuberculosis over the past 30 years. The remarkable decline of the death rate in the post-war years is encouraging. The powerful new agents available for treatment are having their effect but there is no room for complacency with a disease which is still so great a cause of misery and death.

INFANTILE MORTALITY.—The infantile mortality rate at 23·6 per 1,000 live births is a little higher than that for the previous year (21·9). It is not easy to see any specific cause for this and it is a variation of an order which might well occur by chance, for this rate is known to fluctuate fairly freely from year to year.

Although higher than in 1950 the Middlesex rate of 23·6 compares favourably with that of England and Wales (29·6).

Table 7 on page 34 sets out the infantile mortality rates in Middlesex as compared with London and England and Wales since 1939.

The death rate for infants under 4 weeks of age (neo-natal mortality rate) rose from 14·6 in 1950 to 17·2 in 1951. This rise may have no significance but it will naturally be wise to watch the trend of this rate over the next year or so. Many of these deaths have their origin in conditions before and during birth and are therefore largely affected by the ante-natal and obstetric care of mothers. Closely related to these deaths are the stillbirths and many causes are common to both. It is not therefore surprising that the stillbirth rate rose slightly to 21·3 (20 in 1950).

MATERNAL MORTALITY.—There were 17 maternal deaths (including deaths due to abortion) during the year giving a rate of 0·55 (per 1,000 total births) as compared with a rate of 0·84 for 1950. This rate is the lowest ever recorded in the County. The rate for England and Wales was 0·79 in 1951.

SICKNESS INCIDENCE.—It is a weakness of the vital statistics compiled by local health authorities that while they are reasonably elaborate as to mortality they provide, excepting the notifications of certain infectious diseases, little information as to morbidity.

Through the courtesy of the Chief Medical Officer of the Ministry of National Insurance, the numbers of persons to whom medical certificates are issued in connection with sickness benefit claims have been made available to me since late 1949. It is hoped that at a later date it may prove possible for these figures to be elaborated. In the meantime they give some index of the general health of the population, and are particularly useful in gauging the onset and progress of seasonal or epidemic influenza.

These figures relate to the local offices of the Ministry of National Insurance in Middlesex: some Middlesex residents will use offices outside the County and some residents in other counties will use Middlesex offices. The error occasioned by this is likely to be unimportant.

Table 9 on page 35 sets out the number of first applications for sickness benefit quarterly.

Nearly half of these applications were made in the first quarter of the year. This reflects the severe influenza epidemic which reached its zenith in early February.

The figures for the other quarters are unremarkable.

INFECTIOUS DISEASES

DIPHTHERIA.—In my report for 1949 I was able to state for the first time that there were no deaths attributed to diphtheria. In 1950 there were unfortunately two fatal cases, although the incidence of the disease had declined from 23 (1949) to 10.

In 1951 there were again no deaths and only 4 notified cases were confirmed.

Table 13 on page 38 shows the dramatic decline of this disease since 1938. In that year there were 2,149 notifications and 79 deaths.

Further comment on this disease will be found under the heading “Immunisation”.

POLIOMYELITIS.—The number of cases of poliomyelitis notified (corrected) in 1951 was 107, as compared with 285 the previous year. The disease was less virulent than in 1950 and there were only 2 deaths (24 deaths, 1950) giving a case mortality rate per cent. of 1·9 as compared with that of 8·42 in the previous year. The seasonal incidence was atypical since there is usually a sharp peak in the third quarter of the year, but in 1951 there was a slow rise in notifications until towards the end of the year.

The incidence was highest in children under 15 years but both deaths were in persons over that age.

Nine cases of polioencephalitis, a closely related disease, were notified during the year.

MEASLES.—This disease showed a marked rise over the previous year with 30,291 notifications as against 18,698 the previous year in keeping with the usual biennial fluctuation: there resulted 7 deaths only whereas in 1950 there had been 9.

PNEUMONIA.—There were 1,174 deaths ascribed to pneumonia during the year as against 917 in 1950. The great majority of these were in elderly persons and the rise in deaths from this cause may be related to the heavy death rate during the year, from influenza.

WHOOPIING COUGH.—The notifications of whooping cough (7,678) remained at about the same level as the previous year (7,265) but there were 15 deaths during the year, from this cause, as against 7 in 1950.

During the year the Medical Research Council reported that immunisation with various types of antigen confers a considerable degree of protection against whooping cough and the County Council decided, therefore, to extend arrangements for immunisation against whooping cough over the whole of the administrative County.

It is hoped that as a result after some years a permanent reduction in the incidence of whooping cough may be apparent.

PUERPERAL PYREXIA.—The notifications of cases of puerperal pyrexia were 560 during the year as compared with 258 in 1950. This sharp increase is almost certainly artificial being due to the redefining of the term puerperal pyrexia in the Puerperal Pyrexia Regulations 1951 which became operative in August of that year.

Table 10 on page 36 sets out the corrected notifications of infectious diseases during the year by sanitary authorities.

VACCINATION

The total number of reported vaccinations in Middlesex during 1951 was 27,727 as compared with 20,182 the previous year. This improvement is welcome though only 10,625 of these were in infants (8,589 in 1950). The number of infant vaccinations is still far too low, for smallpox is always a potential threat.

Table 12 on page 38 sets out the notifications of vaccination by local health areas.

A case of post-vaccinal encephalitis occurred in a man of 53 years. Although said to be a revaccination the reaction was one of typical primary vaccinia. He was discharged from hospital after a week.

IMMUNISATION

During the year 26,496 (24,119 in 1950) children were immunised against diphtheria of whom 23,809 were under the age of 5 years as against 21,963 the previous year. In addition 25,569 children were given reinforcing injections as against 16,279 the previous year.

It is a difficult fight to keep the dangers of diphtheria before young mothers who have in the main never seen or perhaps even heard of a case and it reflects credit on the County Council's staff and the family doctors who are responsible for the increase in immunisations over the previous year.

Table 13 on page 38 sets out the heartening progress that has been made against this dread disease over the past few years.

Tables 14 and 15 on page 39 relate to immunisation.

The tide of victory over diphtheria sweeps forward in full flood but this is reason for even greater efforts lest the public becomes careless and apathetic in the face of an unseen danger.

TUBERCULOSIS

There has been no change during the year in the arrangements made under the Council's scheme for dealing with the prevention of tuberculosis and with the care and after care of those suffering from this disease.

The staffs of the Regional Hospital Boards and of this Authority have worked together very closely and this has gone far to maintain an efficient service particularly as the responsibilities for the diagnosis and treatment on the one hand and prevention on the other are dealt with by different authorities. This split in the administration of the service, though real, is fortunately not apparent in Middlesex. In spite of the great improvement in the measures available for the treatment of pulmonary tuberculosis, the chest physicians in Middlesex are very conscious of the place of prevention in the course of their work. This is borne out by the general improvement in the progress of the control of this disease during the past few years.

There has been a steady rise during the past five years in the numbers referred to chest clinics for examination. This increase shows that practitioners are taking more advantage of the chest clinic service for investigation of their patients with early symptoms of chest trouble and is an indication that all concerned are alive to the importance of the early diagnosis and treatment of this disease.

There is again a slight fall both in the notification of and the death rate from tuberculosis; this is a hopeful sign, and a credit to the work of the staff employed in the chest clinic service. Nevertheless there is now a greater need than ever before for continued efforts in the field of prevention. Modern treatment is prolonging useful life without effecting complete cure and therefore there is the tendency for a rising "pool of infectivity" due to the increasing number of individuals with chronic infective tuberculosis.

Bad housing and overcrowding remain a fruitful source for the spread of the disease. In most areas the need for rehousing of tuberculous families is acute.

NOTIFICATIONS.—The number of primary notifications during the year was 2,727 (2,776 in 1950) of which 2,416 (2,477 in 1950) were pulmonary and 311 (299 in 1950) non-pulmonary cases. The figures are now approaching the pre-war level. It is interesting to note that 2,264 of the above notified cases were seen at chest clinics in the County; of these 1,590 pulmonary cases were in the age group 15 to 44 years.

DEATHS.—The total number of deaths from tuberculosis during 1951 was 528 pulmonary and 54 non-pulmonary. Of these deaths from pulmonary tuberculosis 215 were in the age group 15 to 44. Table 18 on page 42 shows the primary notification and mortality rates in comparison with previous years.

HOME VISITING.—The Council has approved an establishment of 40 full-time tuberculosis health visitors. This number was maintained at full strength throughout the year, and the number of home visits made was 43,891. A most important part of the health visitor's work is to encourage the home contacts of new cases to attend at the clinic for examination and also the regular follow-up of all contacts. During this year 9,882 new contacts attended for examination. This is considerably higher than in any previous year. This means that, on an average, 3 contacts were investigated for every new case diagnosed. Approximately three new cases of tuberculosis were discovered out of every 100 contacts examined, which shows the importance of the tuberculosis visitors' work in the search for new cases.

WELFARE.—During the financial year ended March, 1952, the County Council assisted families with clothing, bed and bedding to the value of £959 and extra nourishment in kind amounting to £2,481.

Each Chest Clinic has an adequate welfare staff for dealing with the financial and social problems that arise with the occurrence of this disease in the household. It is important that as far as possible the patient is freed from any domestic worries to obtain full benefit from treatment. The tuberculosis welfare officer plays an important role in the chest clinic service in arranging for the patient the necessary ancillary services and assistance available through statutory and voluntary sources.

OCCUPATIONAL THERAPY.—Two occupational therapists and two handicraft instructors are employed full time. They visit bedfast patients in their homes and also hold classes at certain clinics and give guidance and training in a wide variety of handicrafts. They also arrange for the supply of the necessary materials, which are provided through the Supplies Department at cost price plus 10 per cent.

REHABILITATION.—Industrial rehabilitation means, broadly, the re-training of tuberculous persons and their return to employment. Many patients return to their previous jobs, but in some cases it is necessary, on account of their condition, to seek new employment in open industry. There are others who suffer from chronic infective disease and are only suitable for part-time work in sheltered conditions.

Certain patients can be re-trained at the Ministry of Labour training centres provided they are fit to undertake full-time training, and are non-infectious; others are more suitable for rehabilitation at one of the tuberculosis colonies, such as Papworth, Preston Hall and Enham Alamein Village Settlements. During the year the County Council maintained 27 patients at these colonies.

With regard to chronic infectious cases, very few are suitable for employment in open industry or fit to undertake full-time work. These patients are considered for training and employment at the Council's sheltered workshop at Tottenham which now has accommodation for 40 journeymen cabinet makers. It is only possible for this workshop to deal with the patients from Tottenham, Edmonton and Finchley chest clinic areas, so in fact it only caters adequately for approximately one third of the County. The Council approved a scheme for establishing another workshop in the centre of the County, but in view of the need for economy the Minister of Health felt unable to sanction further expenditure on these proposals at the present time.

HOSTEL FOR HOMELESS TUBERCULOUS CASES.—The County Council's first hostel at 11, Rosslyn Road, Twickenham, for homeless tuberculous men was opened on 24th November, 1951. This hostel has accommodation for sixteen residents. This type of residential accommodation is mainly for chronic infectious cases for whom no further hospital treatment is considered suitable and, who because of their infectious state, are unable to find or retain suitable lodgings.

MASS RADIOGRAPHY.—This part of the service is provided by the Regional Hospital Boards. Four mass radiography units cover parts of Middlesex. During the year 76,393 people were examined in the course of the surveys arranged. An average of 1.7 per 1,000 persons examined were discovered to be suffering from active tuberculosis.

VACCINATION.—The Council's scheme for vaccination with B.C.G. of certain persons exposed to the risk of infection was approved by the Minister of Health in December, 1950, and this measure was brought into use in all clinics of the County during 1951 when 1,240 contacts were vaccinated. The majority were young children living in households with known cases of pulmonary tuberculosis. The introduction of this scheme has added considerably to the work of the staff at chest clinics because it is necessary to hold regular clinic sessions for preliminary testing of those exposed to risk. It is as yet too early to give judgment on the effectiveness of this new addition to the preventive measures against tuberculosis.

There is no scientific evidence that vaccination with B.C.G. gives acquired immunity, but there is good evidence that the morbidity rate is much less in the inoculated as compared with the un-inoculated. At present the Medical Research Council is carrying out a controlled investigation into the degree of protection against tuberculosis given by B.C.G. vaccine to school leavers. This investigation is being undertaken in a number of areas in Middlesex and elsewhere. All children taking part in these trials will be followed up for the next three years. It is hoped that this investigation will give valuable evidence of the effectiveness of this measure.

VENEREAL DISEASES

During 1951 the number of Middlesex patients attending clinics in London or Middlesex for the first time was 1,032 less than in 1950. It is safe to assume that this does represent a real reduction of infection as patients now more readily seek advice when they fear infection.

The County Council's almoners continue to attend at venereal disease clinics in Middlesex. Because the number of patients is less it has been found possible to spend less time in the clinics and free the almoners for other work.

The visiting of defaulters and tracing of contacts is still important and is undertaken, whenever necessary.

HEALTH CONTROL OF AIRPORTS

There were no major changes of policy during the year, and work under the Public Health (Aircraft) Regulations 1950 has continued satisfactorily.

There are five medical officers serving in the Health Control Unit at London and Northolt Airports. There were no changes in medical staff during the year. There are eight medical receptionists at London Airport and five at Northolt.

In January several airline companies transferred their operations from Northolt to London Airport. The number of planes dealt with during the year at Health Control, London Airport, increased by 2,991 planes (85,594 passengers) compared with the previous year. At Northolt there was a decrease of 2,869 planes (27,648 passengers).

The arrangements between the Benelux countries for exemption of passengers from examination by Health Control have worked well. Owing to an outbreak of smallpox at Tilburg, in Holland, this exemption was suspended from the 1st to the 16th June for passengers from that country if they had been in the affected district.

Several recent outbreaks of smallpox have been derived from an original importation of the disease by persons from areas where smallpox is endemic, and in this connection an important type of traffic which is developing at London Airport is causing some concern. It is becoming common to send whole ships companies by air to join ships in the United Kingdom. Many of these seamen are Lascars from areas where smallpox is endemic, and although they are vaccinated it is possible that this protective measure itself may so modify an attack of smallpox that the case escapes detection and it is thus the more easy to disseminate the disease. Such seamen are all inspected at the airport and their vaccination certificates are checked.

The number of aircraft requiring disinsectisation certificates increased by 1,042 to a total of 2,438, an average of nearly seven aircraft a day.

518 ambulance cases were dealt with during the year. Hillingdon and West Middlesex Hospitals were, as always, very co-operative in dealing with cases sent to them from the airport. This co-operation is especially valuable in the case of transit passengers passing through London Airport. There have been a number of serious cases who have had to wait overnight or longer for their connection, and Hillingdon Hospital has always looked after them at the shortest possible notice. I should like to express my gratitude for this help.

A history of the early years of Airport Health Control at London Airport (1946-1950) was compiled at the request of the Ministry of Civil Aviation.

One death occurred of a passenger arriving at London Airport. In spite of measures taken after landing the patient died within a few minutes. The diagnosis was afterwards confirmed as being thyrotoxicosis.

Another death occurred in an elderly lady who was meeting an incoming plane. Death in this case was due to an attack of angina pectoris.

Mental Welfare Officers (Duly Authorised) were called on several occasions to deal with passengers arriving with mental affections. Arrangements were made for their admission to suitable hospitals.

SMALLPOX.—As a result of an outbreak of smallpox at Tilburg, in Holland, all planes from Amsterdam were subject to Health Control procedure and persons from the Tilburg area were placed under surveillance.

PARA-TYPHOID.—At Northolt on June 16th a family, including a child convalescent from para-typhoid B, arrived by plane from Brittany. The Medical Officer of Health for Burton-on-Trent, the area to which the family proceeded, was informed.

DYSENTERY.—At London Airport there were five cases of amoebic dysentery and one of bacillary dysentery. The Medical Officers of Health of districts to which the patients were proceeding were notified.

MATERNAL AND CHILD HEALTH

The changes which have occurred in the Maternal and Child Health service during 1951 have been consistent with the continued need for economy, and such as might be expected in the light of the continued fall in the birth rate. The total number of births, both domiciliary and institutional, is 1,042 less than in 1950. This steady decline, which has now continued over four years, inevitably must affect all branches of the service.

Comment is made elsewhere in this report on the slight rise in the infant mortality rate, neo-natal death rate and stillbirth rate. These increases taken with the declining birth rate, serve to emphasise that there must be no relaxation in the measures taken to preserve infant life. Doubtless with this in mind, the Ministry of Health has requested the co-operation of Local Health Authorities in certain enquiries designed to increase the available knowledge of conditions which may militate against the survival of the newly born. In a county with a population of the size of Middlesex, the clinical material available is of exceptional value. The interest aroused in the staff concerned is stimulating, and therefore so far as is practicable the service has co-operated with enthusiasm. One such investigation has been concerned with the effect on the infant of a virus infection (for example rubella) during the mother's pregnancy. A good deal has been published in both the medical and the lay press on this, but it is too soon to make comment or to generalise.

Another enquiry related to the weights of abortions, premature births and stillbirths. This was undertaken only in part and with great reserve on account of the risk to the premature babies involved in such a procedure. Doubt must be expressed of the ultimate value of the information obtained when set against such a risk. A very practical view must be taken in dealing with so delicate an organism as a premature baby.

During the year, it became known that the Mothercraft Training Society at Cromwell House, Highgate, was closing down and the Society hoped that the Council would take over its work, and offered the buildings, including Cromwell House itself, as a free gift to the Council. Plans were thought out to cover the different services which could be provided. In addition to the child health clinics and resident facilities under Section 22 of the National Health Service Act, a second training scheme for health visitors could have been based there, and it would have formed a valuable addition to the maternal and child health scheme. However, the County Council was advised that as it had no power to carry out all the provisions of the trust, such a gift could not be accepted by a Local Health Authority and therefore the scheme had to be abandoned.

The Mothercraft Training Society provided certain facilities such as training in breast feeding which were of great value, and in default of which it may well be that other accommodation will have to be found for these services.

Eleven day nurseries were closed during the year, and the total number of children on the registers at the end of the year was reduced by 1,161 compared with 1950. This was made possible very largely by the work of the panel of members appointed by the Health Committee to consider the policy relating to day nurseries. As indicated in my report last year, this proved to be no easy task. The first decision to which Ministry approval was obtained concerned the principles governing the admission of children. These are set out as an Appendix to this report. If applied consistently, and provided no over-ruling factor intervenes, it may be advisable to reduce the number of day nurseries still further, but many relevant factors have still to be considered. It is imperative that the need for economy should not give rise to a biased outlook. Such nurseries as remain, must be properly run. The standard of child care must not be lowered. It is only too easily forgotten that real child care involves much more than hygiene and feeding. Suitable occupation, which is an essential first step towards education, is vital for the healthy and complete growth of the young child. Otherwise the standard may fall too perilously near to one not so far removed from that of the "baby farmer" of the last century. We must not be content merely to "nourish a blind life within the brain".

It is interesting to note, as the day nursery provision decreases, what effect, if any, is shown in the registrations under the Nurseries and Child Minders Act. Only four nurseries were registered in factory premises by the end of the year, although twenty-four other nurseries had been registered. Including daily minders, places existed for 1,083 children. The total increase of children cared for under this Act is only 183 over the number in 1950. In addition there were 71 children cared for by the County Council's approved child minder schemes under the National Health Service Act in Area 3 and Area 9.

Work at the maternal and child health centres has continued as in previous years. There has been a fall of nearly 4,000 in the number of women attending the ante-natal clinics. The falling birth rate will not account for the whole of this and it is no doubt due in part to the fact that institutional births number more than three times the domiciliary births. There are still some hospitals which do not encourage their patients to avail themselves of the facilities of the Local Health Authority's ante-natal clinics. And yet here, surely, is one of the places and the opportunity for forging the essential connecting link between the two bodies—the Regional Hospital Board and the County Council.

Sessions for the pre-school child have been increased by 53 per month, and there has been an increase of 614 in the number of children attending. This is one small tribute to the work of the health visitor, to which reference will be made again.

In view of the rural character of much of Area 8, and of the difficulties in finding suitable premises for use as clinics, approval was given for the purchase of a mobile clinic, and Ministry consent obtained. Considerable success has been reported from other authorities who have had experience of a mobile clinic, and there is every reason to believe that there will be a wide field of service for such a unit in Area 8. At the time of writing this report, delivery of the clinic has not yet been taken.

Full use has been made throughout the year of the mother and baby homes, both those directly administered and those run by voluntary agencies. Every effort is made to find suitable employment for the mothers as soon as possible, and the average length of stay has been considerably reduced.

Cases presenting particular difficulty in this respect are those which are the responsibility of the Welfare Committee—married evicted women, who are in need of re-housing.

The total number of domiciliary confinements for 1951 shows a reduction of 812 on the previous year. The Council's policy of adjusting its midwifery staff by a process of normal wastage has been continued, and there were 12 midwives fewer in the service at the end of the year. This wastage cannot continue beyond a certain point even in a relatively compact county like Middlesex. There are a number of obvious facts to prove this. One such fact—a further change and improvement in the midwife's technique—has made itself evident during the year. This is the new Dangerous Drugs Regulation, dated 1950, which became fully operative in Middlesex in 1951. This enables the midwife to administer pethidine at her own discretion to her patient. Pethidine is an analgesic drug controlled by the Dangerous Drugs Act, which previously could only be given on the direction of a medical practitioner. In using pethidine, the midwife is obliged to spend much more time with her patient during the confinement, and therefore cannot cope with as many patients as she was previously able to do.

The scheme for the training of pupil midwives for Part II of the Central Midwives Board examination has continued with success. The number of candidates presenting themselves for training in most post-certificate schemes is falling over the county as a whole. This applies to other courses as well as to midwifery. It is therefore satisfactory to know that the number of midwifery pupils for the Part II certificate was well up to the average of previous years. The domiciliary midwifery service in the Boroughs of Acton and Brentford and Chiswick is provided by Queen Charlotte's Hospital, acting as agents for the County Council. During the year a new contract was negotiated with the Hospital, but it is concerned mainly with the financial arrangements and does not in any way affect the practical working of the scheme. The service provided in a small part of Willesden by Queen Charlotte's Hospital was discontinued in June, the limited number of cases involved being absorbed by the Council's own midwifery service without difficulty.

The number of health visitors on the established staff remains almost constant, in spite of fluctuations in the individual areas. But there is still an overall shortage of fully trained staff, and the deficiency is partially made up by clinic nurses and other ancillary staff, health assistants, &c., as in previous years. The number of home visits has increased, and the quality of the work remains excellent. There is at the present time much discussion and some uncertainty about the work of the health visitor. The wording of the relevant sections of the National Health Service Act appears to envisage duties for which her training in the past has not entirely fitted her. In addition she has a number of "social" visits thrust upon her—in connection with hospital enquiries, day nursery admissions and the like. As almost every Authority lacks its full complement of health visitors, it is of the utmost importance that each one should be used to the best advantage, and that her time and skill should not be wasted on duties which can equally well be done by less highly qualified staff.

Her training also should be adjusted the better to fit her for her duties to the family as a whole—duties as health teacher to young and old alike. The Middlesex scheme of training (which is run by the Education Committee in conjunction with the staff of the County Health Department) fulfilled the promise of its inception, and the first course was 100 per cent. successful. Suggestions for improvement came alike from staff and students. It was felt by all concerned that the time was too short, the lectures too crowded, practical work and time for discussion inadequate. The second course is now in progress, but an approach has been made to the Royal Sanitary Institute and the Ministry of Health for approval to extend the third and future courses to nine instead of six months. This may enable the tutor to undertake a somewhat larger number of students, and it will enable several adjustments to be made to the content and arrangement of both practical and theoretical work.

The demands made upon the Home Nursing Service continue to increase. The total number of cases attended was 4,484 more than in 1950, and the total number of visits increased by 70,560. Staff has been increased to meet this rising demand, but it is not always possible to obtain the services of full-time staff, and use has to be made of part-time personnel. Not infrequently, these part-time members are unable, for a variety of reasons, to take evening, week-end or holiday duty, and a heavier burden than is their due thus falls on the full-time staff. It may have been this difficulty that inspired the Ministry of Health to permit the Local Health Authority to set up a Nursing Aid Service. Full details were, at the end of the year, still being worked out. The Nursing Aid Service is voluntary service given by members of the British Red Cross Society and St. John Ambulance Brigade, to assist the Home Nursing Service. As the majority of their members are in other employment, and undertake these additional duties rather as a form of voluntary social service it may well prove that they can be fitted in for evening duty, week-ends and other times when the Home Nursing Service has need of help, and thus be of real value.

The Willesden District Nursing Association has continued to function as a voluntary body acting as agent for the County Council since July, 1948. It is a large unit, and its nurses' home is recognised as a key training home by the Queen's Institute of District Nursing. The County Council gave approval to the taking over of the home as a functional entity, with the proviso that Middlesex candidates for training shall be given priority. There are many complications involved in this take-over, and at the time of writing the formalities are not yet completed.

The difficulties encountered by the Home Help Service and mentioned in my report last year have continued to be met. There is a slight fall in the number of staff employed and in the number of cases in which help was provided. That this is an expensive service (in spite of the fact that a charge may be made) cannot be denied. The opinion has been voiced in some quarters that it is

not a true health service, but this cannot be too strongly refuted. Of what real value can the Home Nursing service or the Midwifery Service—or any of the “ true health services ” be, if not supported by the very fundamental domestic duties undertaken by the home help ?

Consideration was given to a scheme of training for home helps, but ultimately it was decided, for various reasons, not to proceed with it. Homely as many of their duties are, a well-run training scheme can do much more than merely instruct in cooking and cleaning, as other Authorities have proved. Often the home help's real task is to play the role of home-maker—whatever the age of the patient or the nature of the illness. This involves a spirit of service—almost of dedication—which needs to be cultivated in all recruits of suitable type. In addition, it is wise to train the staff in precautions for the prevention of the spread of infection. It is now more than three years since the National Health Service came into operation. An overhaul of the present service—not only in respect of the charges made, but also of the priority scheme and duration of provision—may well prove rewarding both financially and otherwise.

REPORT OF THE CHIEF DENTAL OFFICER ON THE PRIORITY DENTAL SERVICE FOR THE YEAR 1951

During the year under review a small but welcome and significant change has taken place in the staffing position within the county dental service.

At the end of 1950 the equivalent of 53 whole-time dental officers remained in the service compared with 74 dental officers at the end of 1947. At the end of 1951 the number had increased to approximately 58 whole-time dental officers.

The recovery will, of necessity, be slow, and a great deal of re-education of the public will be necessary. I am certain, however, that this service, with its ideal of prevention will, in good time, become once again a most important factor in the battle against dental disease.

The principal factor in the staffing increase has undoubtedly been the implementation by the County Council of the Whitley Council recommendations in April of this year. A further factor has been the lessening demand for dental treatment under the general dental service. This has meant that a few dental surgeons, particularly the younger ones who have completed their national service obligations, have applied for appointments in the local authority dental services instead of entering the general dental service.

It should, of course, be understood that it will be some time before the full effect of increased recruitment will be felt. Unfortunately, the nursing and expectant mothers who visit the welfare centres have got out of the habit of visiting the dental clinics because so many of the dental clinics have been closed down for long periods. A great deal of re-education will be necessary in order to persuade them of the value of complete dental fitness during the period of gestation and the subsequent nursing period.

To achieve this re-education it will be necessary to have the co-operation of the medical and nursing staffs who so ably assisted in building up the maternity and child welfare dental services before the National Health Service Act came into force.

DENTAL LABORATORIES.—In accordance with County Council policy, as from October, 1951, the whole of the prosthetic work for the County dental services has been undertaken by the dental laboratories situated at Teddington (Area No. 10) and Hendon (Area No. 4).

The dental technician staff at the Teddington laboratory has been increased during the year to a total of ten. Should it be necessary it will be possible to increase this number to 18 technicians without involving any major structural alterations to the building.

During the year structural alterations were commenced at the Hendon laboratory which, when completed, will be large enough for six technicians.

The standard of work has been consistently high and during the year prosthetic appliances for the priority dental service have been produced to a value of £1,161 5s. in the case of Teddington laboratory: the corresponding figure for Hendon being £494 10s. These figures represent approximately 25 per cent. of the total output of the laboratories, the remaining 75 per cent. relates to the School Health Service.

These figures will show a considerable increase in future as they will include the prosthetic work which was formerly produced by private contract.

PRE-SCHOOL CHILDREN.—It is pleasing to report an increase in dental treatment given to pre-school children, and for purposes of comparison with the figures for the year 1950 the following statistical table is given.

	1950	1951
1. No. of pre-school children entitled to receive any necessary dental attention through the priority dental service ...	182,900	178,700
2. No. who actually attended the welfare centres ...	90,179	90,793
3. No. actually examined at dental clinics ...	7,870	8,833

Further statistical tables will be found on page 48.

PREVENTION OF ILLNESS, CARE AND AFTER CARE

TUBERCULOSIS AND VENEREAL DISEASES.—Descriptions of the services provided by the County Council for the benefit of patients suffering from these diseases will be found on pages 3 and 5 of this report.

LOAN OF NURSING EQUIPMENT.—From 1st January to 31st October in addition to the loan of the smaller items of nursing equipment, purchased from the previous district nursing associations, the County Council received 111 applications for the loan of larger items of equipment not otherwise available to the public. Of these applications 89 were met and the remaining 22 patients either subsequently withdrew their applications or were referred to other authorities. All equipment was loaned free of charge.

Following the approval by the Minister of Health of the County Council's amended proposal under Section 28 of the National Health Service Act, 1946, for a scheme for the loan of nursing equipment through the agency of voluntary organisations, arrangements were made for the Middlesex Branch of the British Red Cross Society to operate the scheme on behalf of the County Council from 1st November, 1951. Details of the scheme are set out in an appendix to this report. During the period 1st November to 31st December articles of nursing equipment were loaned to 2,045 patients.

RECUPERATIVE HOLIDAY HOMES.—During the year the County Council accepted financial liability for the maintenance of 2,565 persons in recuperative holiday homes; 2,236 were admitted to such homes; the remaining 329 applications were cancelled or withdrawn. Of the 2,236 cases admitted, 1,958 were adults and 278 were children under school age. Children of school age were dealt with under Education Act powers.

Applications were received from the following sources:—

	<i>Source</i>	<i>No. of cases</i>
Hospitals	1,361
General practitioners	762
Other (voluntary associations, etc.)	442

CHIROPODY.—In addition to the services provided under Section 22 of the National Health Service Act, 1946, the chiropody services provided in Edmonton and in Brentford and Chiswick which were established before the National Health Service Act, now operate under Section 28 of that Act.

These facilities are provided mainly for the elderly for whom chiropody is an important service for not only does it bring physical comfort but it encourages mobility and in its turn mobility encourages health.

HEALTH EDUCATION.—It is difficult to write of health education under a separate heading for this is something which permeates and is part of all or nearly all the activities of the department. The most effective kind of health education is that passed personally by word of mouth and this is going on all the time.

The County Council has continued its financial support of the Central Council for Health Education which has during the year given all possible help in this field.

MENTAL HEALTH

The community mental health services for which the County Council is responsible are under the immediate control of the Mental Health Sub-Committee of the Health Committee. A Principal Medical Officer is responsible for these services to the County Medical Officer, who reports to the monthly meeting of the Sub-Committee.

During the year the resignation was received of Dr. H. E. Beasley, M.B., B.S., D.P.M., Principal Medical Officer, who left the department in July, 1951. Since then Dr. R. D. Fidler, M.R.C.S., L.R.C.P., D.P.H., Senior Medical Officer has undertaken much of the administrative work and has been assisted in some of the clinical work by Dr. J. F. Penson, M.A., M.B., B.Ch., D.P.M., who was engaged on a part-time temporary basis.

The approved establishment of other staff is set out below together with the number of actual staff employed at 31st December, 1951.

	<i>Establishment</i>	<i>Actual</i>
Mental welfare officers (duly authorised)	30	27
Lady supervision officers	4	4
Occupation centres—supervisors	6	6
assistant supervisors	6	6
trainees	13	13
Industrial training centre—supervisor	1	1
assistant supervisor	1	1

The qualifications held by the supervisors of the occupation centres were as follows:—

One Diploma of Domestic Science,
One Qualified Teacher (Froebel),
One Diploma of the Institute of Hygiene,
Two Montessori Diplomas,
One Child Welfare Certificate,

and by assistant supervisors:—

Two R.M.P.A.s,
One S.R.N.

It seems highly desirable that some form of training should be provided for occupation centre staff who, because of domestic ties, are not able to attend the full-time year course for the diploma given by the National Association of Mental Health. Preliminary discussions on a part-time course covering two years, and applying perhaps in the first instance to the Home Counties only, have already started.

On several occasions during the year meetings took place between the regional psychiatrists of the North West and North East Metropolitan Regional Hospital Boards and the physician superintendents of the mental deficiency colonies and the County Council's medical staff to discuss common problems and in particular the problem of admission of cases to hospitals and to ensure that priority cases were constantly reviewed and kept in mind when beds became available.

The local health authority continued to carry out the supervision of patients on licence from institutions for mental defectives to addresses within the County and progress reports have been furnished to the various Hospital Management Committees.

Owing to the difficulty in attracting fully qualified psychiatric social workers, patients sent out from mental hospitals into the community on trial are supervised on behalf of the County Council by the National Association of Mental Health, who employ the equivalent of two full-time psychiatric social workers for this purpose.

Mental welfare officers (duly authorised) have now all attended a course of lectures in mental deficiency as well as spending a week in a mental deficiency colony, and the Middlesex Branch of the National Association of Authorised Officers arranges, from time to time, refresher lectures on various aspects of their work. The mental welfare officers also receive every help and encouragement in their work from the medical staff in the mental hospitals serving this area.

Many patients leaving mental hospitals and returning to life in the community are considerably helped during this difficult time of readjustment by attending therapeutic social clubs. These usually meet weekly and are essentially clubs run by ex-mental hospital patients for themselves, although a psychiatrist is usually in attendance to give friendly advice and help if asked to do so.

In the later part of the year the County Council submitted to the Minister of Health a proposal to amend its approved scheme under section 28 of the National Health Service Act by the addition of the following paragraph:—

“The County Council will make contributions based on patient attendance to suitable voluntary organisations providing Therapeutic Social Clubs or Rehabilitation Occupational Therapy Centres for Middlesex patients approved by the County Medical Officer of Health.”

Approval to this amendment was still awaited at the close of the year.

A very successful experiment was carried through in September when a party of 111 mentally defective children from the five occupation centres in Middlesex went down to Dymchurch for a week's holiday camp. Dr. Fidler was in charge of the party and was enthusiastically assisted by 11 members of the occupation centre staff and several volunteer helpers. Two of these were senior medical students whose expenses were paid by the National Association of Parents of Backward Children who very properly felt that the average medical student's training offered little opportunity for studying the social and medical problems of mental deficiency and that a week spent with these children would offer invaluable experience. The camp was a great success and this was in no small way due to the kindness and co-operation of the Directors and the staff of the St. Mary's Bay Camp, Dymchurch.

The mental welfare officers (duly authorised) continue to carry out the duties laid on the County Council under the Lunacy and Mental Treatment Acts 1890–1930 by arranging for the admission of patients to mental hospitals, attendance at out-patient clinics, &c. (for particulars of visits see page 62).

New cases of suspected mental deficiency are reported to the department from a variety of sources (*see* chart on page 12) and a medical officer visits the home. This initial domiciliary visit by the doctor is of the utmost importance not only to arrive at an accurate medical diagnosis and assessment, but also to win the confidence of the parents so that all possible help and guidance may be given to them and accepted in future years.

The majority of cases notified and ascertained are then placed under the statutory supervision of the County Council. A register of such cases is kept in the central office and the mental welfare officer visits the home from time to time, for supervision of the patients and to give any necessary advice to the parents. Female patients and all children under ten years of age are visited by the four lady supervision officers. If it is felt that a period of discipline and training in a residential

institution would be in the interests of the patient, the Regional Hospital Board is notified and told the degree of urgency of the case. Every encouragement is given to the parents of young defective children to continue caring for them in the community because it is felt that these children need the love, care and security afforded by family life no less than does the normal child during infancy. In order to encourage and help parents in training young backward children, a series of parentcraft lectures was organised during the summer by the National Association of Parents of Backward Children. About 15 young mothers from Middlesex attended these lectures which were followed by lively discussion and demonstrations covering a wide range of subjects.

Parents ask for the young child to be sent to a residential home for three main reasons:—

(1) Adverse housing and domestic conditions which place an intolerable strain on the mother.

(2) The presence of the defective child in the home is having an adverse psychological effect on the other normal children.

(3) The mental retardation is of so gross a nature that the case can properly be cared for only in a hospital with nursing facilities.

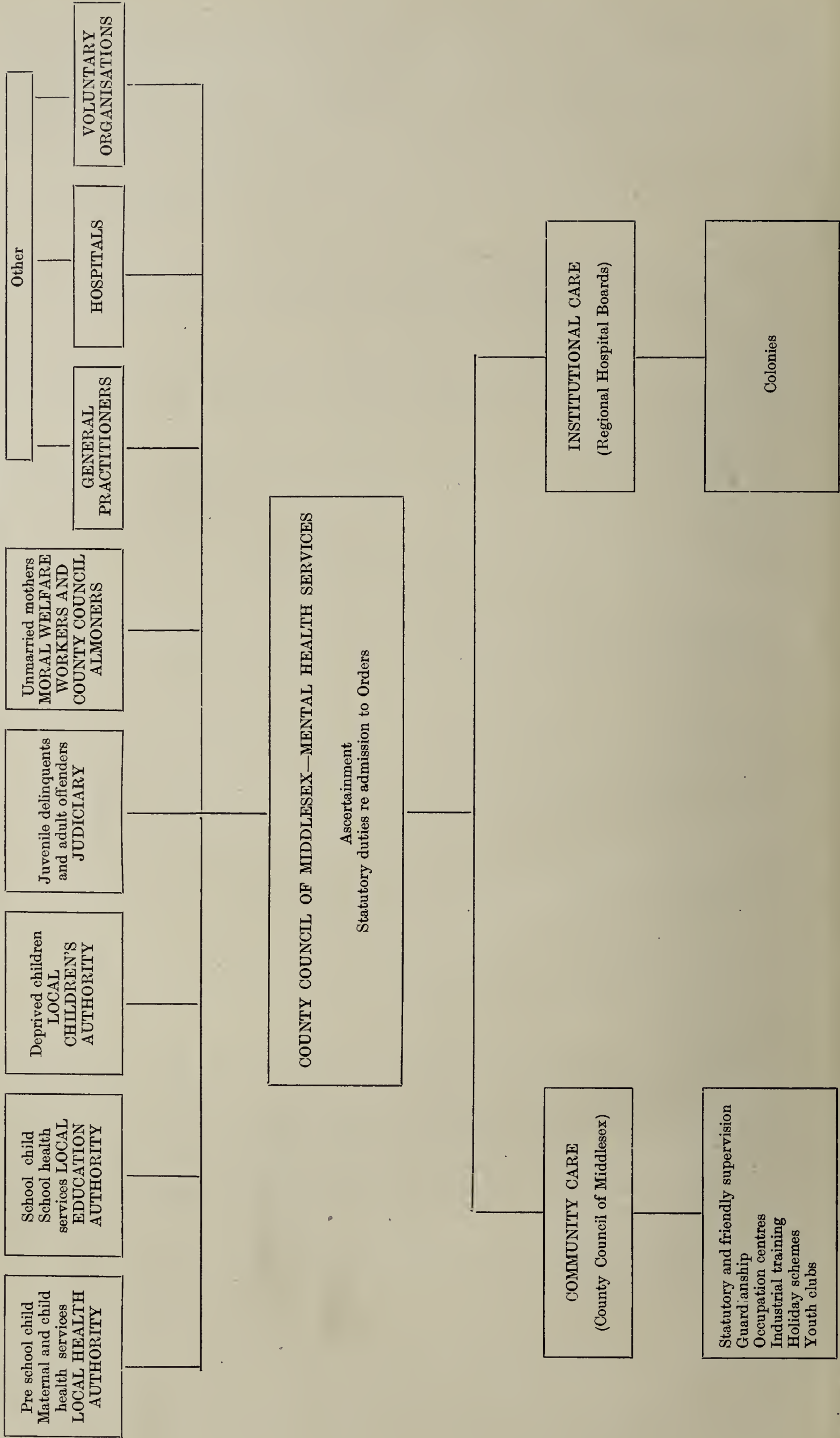
Except in (3) the child could often be cared for quite adequately in the community if placed with guardians or foster parents. Many defectives are kept in the community by finding suitable homes and placing them under guardianship, this not only ensures that the younger children in particular enjoy the amenities of family life, but the maintenance cost is less than a place in even the cheapest residential institution.

During the first formative years of the backward child's life the help, advice and encouragement given by the doctor and lady supervision officers to the parents may well result in a socially acceptable child, ready at five years of age to start his training at one of the five occupation centres in the County. (Wealdstone, Twickenham, Brentford, Hornsey and Uxbridge). In view of the wide area covered by occupation centres arrangements have been made where necessary to provide coach transport for the children to and from the centres. On these journeys the children are in the care of a coach guide. All the centres provide a hot mid-day meal and free milk is distributed. During the day the widest possible training is given in all branches of handwork, simple domestic duties, games, dancing, singing speech therapy and group activities. Each centre has an active and keen Parents' Association group attached and several parties and outings are arranged during the year. This year a complete medical examination was instituted for every child at the centre comparable to that of the School Health Service. Unfortunately it is not possible to make available the school medical and dental services for these children.

Once the child of five years old has started training at an occupation centre the parents or guardian are at least assured of a few hours' respite for five days of the week during school term time. There is, however, another urgent need, that of providing a holiday both for the defective and for the family. It is often not practicable for the parents to take a child to hotels or boarding houses and indeed a holiday with the defective would be no break for the mother. In the past a few vacancies have been offered in residential institutions for short-term cases during the summer months and good use is made of the National Association of Mental Health Home at Walmer, Kent, during the winter months. But naturally every summer the central office is inundated with letters from parents asking if it is possible to arrange a short holiday for the defective child thereby benefiting the patient and giving the parents and other children in the family a much needed break. It has been possible under the County Council's scheme approved under Section 28 of the National Health Service Act to arrange for a few defectives needing a recuperative holiday to go away for two to three weeks, but the need for a short-term holiday home, open all the year round, for the reception of such cases and for those arising from domestic emergencies (*e.g.*, the illness or confinement of the mother) is pressing.

On reaching the age of 16, most boys have, for obvious reasons, to be removed from the register of the ordinary occupation centre, which continues to train girls and adult women. In the past there was no alternative for these boys but to stay at home. Some were sufficiently trained to help with the domestic chores but many just roamed the streets an easy prey to the less desirable characters of the neighbourhood, and many ended up in the Police Courts, where, there being no better alternative available, the Justices signed an Order admitting them to an institution. It was felt that many of these youths were capable of doing useful work under supervision. It is therefore pleasing to report that in October the first industrial workshop, or adult occupation centre, was opened at Hayes, and in a surprisingly short while it has shown that these young adolescents could be further trained towards becoming useful members of the community. Not only are the lads taught woodwork, leathercraft and plastics work, but they have transformed an absolute wilderness into an attractive flower and vegetable garden.

PROCEDURE RE MENTAL DEFECTIVES DISCOVERED IN THE COMMUNITY



AMBULANCE SERVICE

I am indebted to Mr. A. Wooder, C.B.E., L.I. Fire E., Chief Officer of the Fire and Ambulance Service for the following report on the operation of the service during 1951.

REPORT OF THE CHIEF OFFICER OF THE FIRE AND AMBULANCE SERVICE ON THE OPERATION OF THE AMBULANCE SERVICE

DEMANDS ON THE AMBULANCE SERVICE.—The number of patients carried during the year under review showed an increase of 40,129 over the previous year.

The Directly Provided Service carried no fewer than 92,211 patients more than in the previous year, while the Supplementary Services (*i.e.*, the Hospital Car Service, Hiring Contractors, &c.) carried 52,082 less. In effect, the Directly Provided Service handled not only the whole of the increased demands but also considerably reduced the number of cases passed out to Supplementary Services.

It is worthy of note that the increased traffic handled by the Directly Provided Service was undertaken without any increase in the approved establishment of personnel or vehicles.

The total mileage run during the year showed an overall increase of 1,419 miles compared with the previous year, although the Directly Provided Service ran 329,100 miles more than in the previous year.

Details of the number of patients carried are set out below, together with the details of the patients carried during the corresponding month in 1950:—

<i>Patients carried</i>					1950	1951
January	...	...	...	...	65,561	67,919
February	...	...	...	...	62,045	62,309
March	...	...	...	...	71,398	64,972
April	...	...	...	...	54,934	65,247
May	...	...	...	...	62,405	69,499
June	...	...	...	...	64,725	67,698
July	...	...	...	...	60,668	68,726
August	...	...	...	...	58,255	63,165
September	...	...	...	...	58,124	60,802
October	...	...	...	...	63,770	69,367
November	...	...	...	...	65,304	68,959
December	...	...	...	...	59,244	57,899
					746,433	786,562

Further statistical tables are set out on page 63.

AMBULANCE DEVELOPMENT PLAN.—Although the Ambulance Development Plan approved by the Minister in July, 1950, provided for three of the ten Sick Removal Depots to be completed during the financial year 1951/52, it was not possible to commence the erection of any of the depots by the 31st December, 1951. Satisfactory progress was, however, made in the acquisition of sites.

Sites were secured as follows:—

Hillingdon Hospital, Uxbridge.
Chase Farm Hospital, Enfield.
Ashford Hospital, Staines.
Central Middlesex Hospital, Willesden.
Imperial Drive, North Harrow.

The Ambulance Depots scheduled to be built during the year 1950 were at Hillingdon and Chase Farm Hospitals, and at Imperial Drive, North Harrow.

The Ambulance Development Plan was scheduled to be completed within four years, but it is extremely doubtful whether the scheme will, in fact, be completed during that period, and it would be prudent to anticipate some delay. This being so, and with the approval of the Fire Brigade and Health Committees, I am exploring the possibility of reducing the number of points from which Sick Removal Ambulance vehicles operate and to reorganise the Sick Removal Service on lines which will approximate to the ultimate set-up envisaged by the Development Plan. It is intended that a full report on this matter will be submitted to the Fire Brigade and Health Committees early in 1952.

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949—SECTION 24.—Broadly, Section 24 of the Amendment Act, which came into operation on the 16th December, 1949, requires the local health authority of the area where a patient lives to repay to another authority the cost of returning the patient by ambulance, or other means of transport, from a hospital in that other authority's area to the patient's home area. The Section applies to those cases where the patient's stay in the hospital does not exceed three months, and where "hospital and specialist services" (*i.e.*, services under the National Health Service Act) are given.

The amendment does not affect the duty under Section 27 of the National Health Service Act, 1946, to provide an ambulance or other means of transport where necessary. This still remains with the authority in whose area the need for ambulance transport arises.

In order to avoid meticulous accounting, satisfactory arrangements have been made with the Surrey and London County Councils whereby a compounded payment per annum will be paid.

During the year under review the financial position is as follows:—

	£	s.	d.
Claims by other Health Authorities against Middlesex ...	6,117	18	2
Claims by Middlesex against other Health Authorities ...	3,087	12	11

TRANSPORT BY RAIL.—During the year it was possible to make much greater use of the railways for the transport of patients where long journeys were involved. The number of cases for which rail transport was used was 418 as against 281 during the previous year. The Railway Regional Executives have continued to co-operate fully with the Service.

MUTUAL ASSISTANCE.—Mutual assistance arrangements with adjoining authorities continue to operate satisfactorily.

LONDON AND NORTHOLT AIRPORTS.—The arrival at London and Northolt Airports of patients requiring ambulance transport at very short notice, involving in many cases destinations at long distances, gives rise to many operational difficulties. Such difficulties would, however, be considerably increased if it were not for the whole-hearted efforts and co-operation of the County Council's Airport Medical Officers and their staffs.

The arrival at the Airports of patients from abroad—in many cases of non-British Nationality—requiring ambulance transport to specialist hospitals and clinics, not only in London but in many parts of Great Britain generally, imposes a financial burden on the County Council for which there is no reimbursement other than the statutory grant.

MINISTER OF HEALTH AND OPERATION OF AMBULANCE SERVICES.—During the year the Minister of Health issued Circular No. 30/1951, and in particular brought to the notice of Regional Hospital Boards, Hospital Managements Committees and Boards of Governors, certain recommendations designed to ensure the economical use of the Ambulance Service. The Minister also issued rules on the use of the Ambulance Service to all Hospital Management Committees and Boards of Governors for circulation to medical and other officers by, or through, whom calls are made upon the Ambulance Service and to Executive Councils for circulation to all General Practitioners on their medical lists.

The Minister pointed out that differing views have been expressed as to the significance of the words “where necessary” in Section 27 of the National Health Service Act 1946. The Minister said that in his view they are not to be read as restricting an authority's obligation to cases of medical necessity although the journey must clearly be closely connected with the treatment and care of the patient. The Minister pointed out that he understood authorities' very proper and natural anxiety to protect their service from abuse, such as being called upon to transport patients who cannot be regarded as reasonably needing an ambulance or sitting-case car to get to and from the hospital. The Minister indicated that the ambulance authorities could be assured of his full support but, at the same time, expressed the hope and belief that the needs of the patient will always be placed first and that where there is no question of such abuse, authorities will take a reasonably wide view of their responsibilities.

So far as the County Ambulance Service is concerned, all doubtful cases are referred to the County Medical Officer for determination as to need.

The Minister also pointed out that in his view post-entry training and periodic refresher courses for ambulance driver-attendants were essential if an efficient service was to be maintained. The question of instituting such training in and for the County Ambulance Service is now being examined.

CONCLUSION.—Although the number of cases moved during the year was the highest ever recorded, it is satisfactory to be able to report that the number of complaints received was exceedingly small. The number of letters of thanks and appreciation received far outnumbered the complaints.

During the year heavy demands continued to be made on the Service for the transport of out-patients to London hospitals and clinics. In many cases such transport has had to be provided for continuous and prolonged periods. If, by some means, it were possible for arrangements to be made for even a proportion of such patients to receive treatment at the many excellent hospitals and clinics within the County, the heavy burden on the Ambulance Service would be considerably eased.

Once again I would express my thanks and appreciation to the Chairmen and Members of the Fire Brigade and Health Committees for their continued support and understanding; to the Clerk of the Council, the County Medical Officer, the County Treasurer and their staffs for the assistance and advice they have given; and, finally, I would like to express my appreciation of the loyalty and hard work put in by the staff of my Department, including the driver-attendants. All have contributed to what must be regarded, despite the difficulties encountered, as a satisfactory year of operation.

CIVIL DEFENCE AMBULANCE SERVICE

In accordance with the Civil Defence (Ambulance) Regulations 1949 the County Council designated the County Medical Officer of Health as Officer-in-Charge of the Ambulance Section of the Civil Defence Corps and placed on him the responsibility for the preliminary planning of the service. Although the County Medical Officer is not responsible for the administration of the peace-time ambulance service this civil defence duty was placed on him as, in the event of war, it would be necessary to separate the Fire and Ambulance Service as at present organised. A Senior Ambulance

Officer and Deputy Senior Ambulance Officer were appointed to assist, and they have been engaged in the preliminary planning for the expansion, in the event of war, of the peace-time ambulance service and in the training of members of the Ambulance Section of local divisions of the Civil Defence Corps and also the training of peace-time ambulance staff for civil defence duties.

The combination of the Fire and Ambulance Service at the present time has resulted in a lack of senior ambulance staff which caused considerable difficulties in organising and training of civil defence volunteers, and it was necessary in the first instance to train a selected number of volunteers to act as instructors for ambulance section training and a course for this purpose was held towards the end of the year. In the meantime civil defence volunteers are receiving their basic civil defence training and full first-aid training.

PUBLIC HEALTH ACT, 1936

NURSING HOMES

The County Council is the Authority responsible for the registration and supervision of nursing homes throughout the County, with the exception of the Borough of Ealing. Routine visits are carried out by authorised inspectors of the area health staff, and in addition eight special inspections were made by one of the principal medical officers.

Two new homes were registered during the year. At the end of the year there were 70 homes on the register as against 84 at the end of 1950. Eighty-one beds were available for maternity cases as against 151 in 1950.

NURSES' ACT, 1943—PART II

NURSES AGENCIES

There were 12 nurses agencies in existence at the end of 1951, and 14 visits of inspection were paid during the year by one of the principal medical officers in company with one of the inspectors of the Public Control Department. Five new agencies were licensed during the year; one moved to an address outside Middlesex and one did not apply for re-registration. On the whole the agencies were well conducted.

At the beginning of 1951 proceedings were taken by the General Nursing Council against a person at one agency representing herself to be a State Registered Nurse when in fact she was not. She was found guilty in respect of two summonses and was fined £7 10s. on each summons and ordered to pay £5 5s. costs.

MAIN DRAINAGE

In a county so highly urbanised as Middlesex sewage disposal naturally presents problems of peculiar difficulty probably unparalleled anywhere else in the country. A great step forward was achieved in 1936 when the Mogden Sewage Works were opened, replacing the separate undertakings previously operated by 15 different local sanitary authorities in the west of the County.

The West Middlesex Main Drainage System is one of the most advanced in the country and perhaps in the world and has attracted widespread interest not only in Great Britain but abroad. The County Council's documentary film "Taken for Granted", which deals with it, has been exhibited in all parts of the world.

But for the interruption brought about by the 1939-45 War a comparable undertaking covering the east of Middlesex together with certain adjacent districts of Essex and Hertfordshire would by now have come into existence.

I am indebted to Mr. C. B. Townend, C.B.E., B.Sc., M.Inst.C.E., Chief Engineer of the County Main Drainage Department, for the following statement showing the present stage of development of the arrangements for sewage disposal in Middlesex.

MAIN DRAINAGE SERVICES IN 1951

While every local authority in Middlesex is responsible for the local sewerage of its own district, the duty of the disposal of sewage, including its conveyance in main trunk sewers and purification at large centralised works, will eventually be carried out for the whole of the County area by four joint drainage undertakings, thus:—

Undertaking	Date of Parliamentary Act	Number of Middlesex Authorities served	Middlesex Area served (square miles)	Population (Census 1951)
Middlesex County Council:				
(a) West Middlesex	1931	15	161.8	1,340,031
(b) East Middlesex	1938	7	47.8	576,677
Other joint undertakings:				
London County Council	—	3	8.3	335,205
Colne Valley Sewerage Board ...	1937	1	14.9	16,863
		26	232.8	2,268,776

In this way, nine-tenths of the total Middlesex area will be drained to central works inside the County, and one-tenth to works of other authorities.

Of the four districts dealt with externally, three have been drained by the sewers of the London County Council for over 40 years, and the other (Potters Bar) is to be connected to the main system of the Colne Valley Sewerage Board, discharging to their new works at Maple Cross near Rickmansworth. This works was partially brought into use during 1951, and the remaining construction operations are nearing completion.

The position of the Middlesex County Council's own undertakings during 1951 has been as follows:—

West Middlesex Undertaking.—The West Middlesex undertaking has been in full operation since 1936. The local authorities served are:—

Brentford and Chiswick, Ealing, Feltham, Harrow.
Hayes and Harlington, Hendon, Heston and Isleworth.
Ruislip-Northwood, Southall, Staines, Sunbury-on-Thames.
Twickenham, Uxbridge, Wembley, Yiewsley and West Drayton.

The following general statistics exclude the Borough of Kingston-on-Thames, having a population of 40,168 and a rateable value of £566,856, which has been connected temporarily under a five year agreement.

Area of drainage district	...	...	...	162 square miles
Population (1951 Census)	...	...	...	1,340,000
Rateable value	...	...	...	£13,648,280
Product of 1 <i>d.</i> rate	...	...	...	£55,471

Main Sewers:

Total length	...	...	...	70 miles
Diameters—range from	...	...	...	2 feet to 12 feet 9 inches

Mogden Works:

Sewage flow (approx.):

Dry weather	...	...	...	67 million gallons per day.
Average	...	...	...	85 million gallons per day.
Wet weather (normal maximum)	...	...	...	250 million gallons per day.
Maximum rate received	...	...	...	450 million gallons per day.

In common with most undertakings in the country, conditions during 1951 have been difficult, not only because of shortage of labour and materials, but also by reason of the increasing volumes of sewage to be dealt with.

The main factors in the general situation have been the increasing use of water which has now reached nearly 50 gallons per head per day in this area, and the large post-war influx of people into Middlesex from the inner areas of the London County.

As compared with the first year of operation (1936), the population served by the West Middlesex undertaking had risen by nearly 40 per cent. from 1,000,000 to 1,380,000, and the sewage flow by 70 per cent. from 40 to 67 million gallons per day. In the same period, the impurity load, as measured by the biological oxygen demand on the purification plant at Mogden Works has increased in certain months by as much as 75 per cent.

Nevertheless, in spite of such conditions of overload, the operation of the plant has continued at a reasonably high standard and the effluent discharged into the River Thames at Isleworth, although not as high as in earlier years, has been continuously within the Royal Commission Standard. This is most important because this stretch of the tidal River from Teddington to Kew is used extensively for recreational activities of all kinds including boating and fishing.

In order to cope with the steadily increasing load of sewage received at Mogden, the Ministry of Housing and Local Government during the year approved a programme of extensions to purification plant at an estimated cost of £352,000.

At the Perry Oaks Sludge Disposal Works, the overlapping of the extension site of the London Airport has caused the demolition and reconstruction of a considerable area of tanks and other plant at a total cost of over £250,000. This work, which has occupied a period of several years, was mainly completed by the end of 1951.

East Middlesex Undertaking.—The construction works for the East Middlesex undertaking, authorised by Parliament in 1938, have been held up by the War and by the Government restriction on building and civil engineering work since 1945.

In addition to the eastern part of Middlesex, the undertaking will serve extensive districts of Hertfordshire and Essex having a total out-county area of 51·5 square miles. The areas served by the complete undertaking will be:—

Middlesex—Edmonton, Enfield, Finchley, Friern Barnet, Southgate, Tottenham and Wood Green, and part of Hornsey.

Essex—Chingford and Waltham Holy Cross.

Hertfordshire—Barnet, Cheshunt, East Barnet and part of Hatfield Rural District.

The following general statistics relate to the combined district:—

Area of drainage district	...	...	...	99·3 square miles.
Population (1951 Census)	...	...	...	724,000
Rateable value	...	...	...	£6,708,788
Product of 1 <i>d.</i> rate	...	...	...	£27,401

The new central works will be at Deephams, the site of the existing works serving Edmonton and Southgate.

Owing to the delay in carrying out the new scheme, the nine existing local sewage works are continuing in operation, and two authorities (Tottenham and Wood Green) continue to be drained for the time being by the sewers of the London County Council.

The Middlesex County Council is directly responsible for the Deephams Works, while the remaining eight works are operated by the local authorities concerned, the cost of this being borne by the East Middlesex undertaking.

Practically the whole of these works are very overloaded, and the general situation of drainage and sewage purification in the East Middlesex area is bad.

At the Deephams Works, the construction of stormwater tanks as the first unit of the new plant was completed during 1951, and these tanks will improve the conditions there. During 1951 also, sanction was received from the Ministry to proceed with the construction of the first section of the Lee Valley sewer, and a further instalment of plant at Deephams at a cost of £1,000,000.

INSPECTION AND SUPERVISION OF FOOD

MILK PRODUCTION AND DISTRIBUTION

The Milk (Special Designation) (Specified Areas) Order, 1941, made under Section 23 of the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, specified, as from the 1st October, 1951, the Administrative County of Middlesex as an area within which all milk sold by retail for human consumption (other than catering sales), must be specially designated milk, *i.e.*, sterilised, pasteurised, tuberculin tested or accredited milk from a single herd.

At that time almost all milk sold by retail in Middlesex, about 60 million gallons a year, was already of special designation; of about 860 premises concerned less than 20 retailed milk otherwise than under special designation.

At the end of 1951, 123 farmers and farms were registered under the Milk and Dairies Regulations, 1949, and 54 "Tuberculin Tested" and 18 "Accredited" licences were held by farmers in the County of which 8 "Accredited" and 19 "Tuberculin Tested" licences were first issued during the year ended December 31st, 1951. Forty-one of the herds belonging to holders of "Tuberculin Tested" licences, were also attested under the Scheme of the Ministry of Agriculture and Fisheries. Forty-three licences were issued by the County Council during the year under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

Local authorities still retain powers connected with milk production in so far as they relate to diseases communicable to man. An important aspect of this work which is carried out by the County Council is the sampling of milk with a view to examination for the presence of tubercle bacilli. Samples of milk are taken by inspectors of the Public Control Department either in course of retail or at the farms of origin, when these are situated in Middlesex, and submitted to examination in the pathological laboratory of Harefield Hospital. The following tables show the results which have been obtained for each of the last 10 years:—

Year. (1)	Number of samples for which a definite result was obtained. (2)	Number containing living tubercle bacilli. (3)	Percentage of tubercle infected milk. (4)
1942 (January to June) ...	136	6	4·4
1943 (May to December) ...	256	4	1·6
1944	384	17	4·4
1945	376	8	2·1
1946	391	17	4·3
1947	352	10	2·8
1948	384	12	3·1
1949	384	3	0·7
1950	384	3	0·7
1951	384	3	0·7

Of the three infected milk samples enumerated in the foregoing table, two were produced in Middlesex and one in Buckinghamshire. A diseased animal was traced in all three cases and the cows were slaughtered.

The routine veterinary inspection of Middlesex herds is carried out by the Ministry of Agriculture. The Divisional Inspector of the Ministry furnished the County Council with information as to the results of veterinary inspections and tuberculin tests of Middlesex herds. The figures for the past six years are set out in the table below:—

Year.	Number of clinical examinations of bovine animals.	Number found in which tuberculosis was suspected.	Number slaughtered.	Number in which diagnosis was not confirmed.
(1)	(2)	(3)	(4)	(5)
1946	4,589	19	19	—
1947	2,635	8	7	1
1948	5,486	9	8	1
1949	6,172	5	5	—
1950	2,163	5	5	—
1951	3,832	7	7	—

It will be noted that there was a considerable increase in the number of clinical examinations carried out during the year, although the number is substantially below that for the years 1948 and 1949. Tuberculous animals will be found almost entirely in those herds which are neither tuberculin tested nor attested. With the increasing number of herds in the latter two categories, the number of clinical examinations necessary will tend to diminish.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949

The sampling of milk under the above regulations is in the hands of the Public Control Department of the County Council. The following table sets out the results obtained from samples taken during the period 1st January to 31st December, 1951.

Description.	Passed.	Failed.	No test applied.	Number examined.
(1)	(2)	(3)	(4)	(5)
Pasteurised and Tuberculin tested pasteurised—				
Phosphatase test... ..	1,865	12	—	} 1,877
Methylene blue test	1,702	49	126	
Sterilised—				
Turbidity test	180	—	—	180
Total ...				2,057

Failures to comply with the prescribed tests were investigated by officers of the Public Control Department and steps were taken to prevent a recurrence.

ADULTERATION OF FOOD

The Acts and Regulations dealing with adulteration of food and drugs are administered by the Public Control Department of the County Council. I am indebted to Mr. J. A. O'Keefe, B.Sc.(Econ.), LL.B., Barrister-at-Law, Chief Officer of that Department, for information regarding this branch of work.

During 1951, 6,044 samples were examined by officers of the Public Control Department and of these 175 samples were adulterated or sub-standard.

During the year 35 summonses were issued in respect of the following articles of food:—

Bread	3
Cake	1
Camphorated Oil	1
Cooked Meat	1
Fish	15
Ice Cream	1
Milk	1
Milk, new	11
Sausage, pork	1
	—
	35
	—

The three prosecutions relating to bread involved one case in which a loaf was mouldy, in a second case the loaf contained a cigarette stub and in the third instance a metal screw.

Three farmers were prosecuted for selling milk which contained added water and a milk retailer for selling milk deficient in fat.

The prosecutions over fish, include the passing off of cod and whiting for haddock, and witch for lemon sole.

LIAISON

During the year an interesting development took place in the co-ordination of the health services. This was the establishment on an experimental basis of a local Health Services Liaison Committee consisting of medical representatives of all branches of the health service. Although the Committee owed its inception to the private initiative of a few doctors, its potential value was quickly appreciated by the County Council which accorded it formal recognition and approved its officers serving upon it.

The choice of an area presented some difficulties. It was thought desirable that it should be a functional unit and should therefore contain hospital beds of most types, *e.g.*, medical, surgical, maternity and geriatric.

It was known that members of the senior staff of the Central Middlesex Group of Hospitals would be favourably disposed to the setting up of liaison machinery and since that group provided beds of most kinds it was decided to approach the bodies concerned.

Hospital groups do not have sharply demarcated catchment areas but it was decided to regard the Boroughs of Willesden and Acton as the catchment areas for this purpose, although these boroughs lie in different local health areas.

A meeting was held on 13th April, 1951, to which various representative medical men were invited when it was decided to set up co-ordinating machinery on the following basis:—

1. That a committee be formed with the title of Health Services Liaison Committee (Central Middlesex Group).

2. That the function of the committee should be to promote the smooth working of the health services in the area.

3. That the membership of the committee should be as follows:—

(a) Representing the Group Medical Committee. Chairman and three other members.

(b) Representing the Local Medical Committee. Four members of that committee practising in the area.

(c) Following officers of the Local Health Authority. The Deputy County Medical Officer, the (Joint) Area Medical Officer (Willessden) and the (Joint) Area Medical Officer (Acton).

The (Joint) Area Medical Officers also represent the borough authorities in their capacity as Medical Officers of Health.

(d) Representing the Social Medicine Unit (Medical Research Council). The Director.

It was also agreed that the Committee should have power to co-opt at any time persons as might be necessary to facilitate its business.

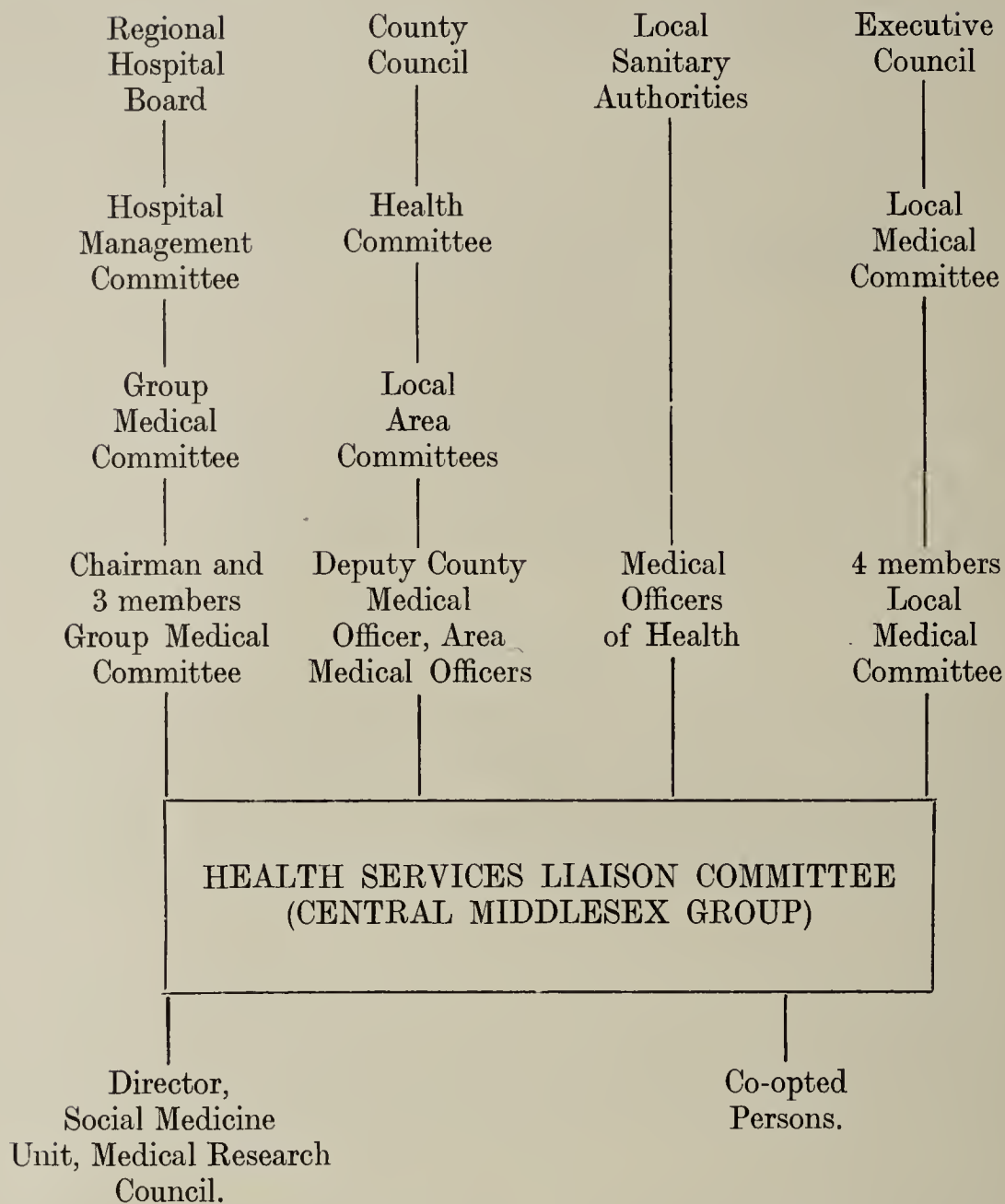
It will be seen that the constitution of the committee is such that its advice can be sought by any of the statutory committees charged with the responsibility for the health services and there is machinery for making its views known to those committees (*see Fig. on page 20*).

The committee has of course no executive powers and its function is purely advisory.

While membership is at officer level several of those serving are members of one or another statutory committee.

Meetings held during the year were largely confined to a detailed examination of the problem of the aged sick which it is already clear will lead to an improved service locally.

HEALTH SERVICES LIAISON COMMITTEE (CENTRAL MIDDLESEX GROUP)



VISITORS

During 1951 a number of visitors and students from all parts of the world were shown various aspects of the County Health Services. These visitors included distinguished doctors from France and the United States through arrangements made by the Rockefeller Foundation, the School Medical Officer for Mauritius through arrangements made by the Empire Medical Advisory Bureau, a medical officer from Holland arranged through the London School of Hygiene and Tropical Medicine, the Physician Superintendent of the British Legion Village, Preston Hall, Maidstone, an Under Secretary of the Pakistan Ministry of Health arranged through the United Nations Organisation, a speech therapist of the Norway State Therapy School arranged through the British Council, and numerous other individuals.

APPENDIX

STAFF

County Medical Officer of Health and School Medical Officer:

A. C. T. Perkins, M.C., M.D., B.S., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer:

G. S. Wigley, M.R.C.S., L.R.C.P., D.P.H.

Principal Assistant Medical Officers:

H. E. Beasley, M.B., B.S., D.P.M. (Resigned 21.7.51).

S. Carter, M.D., D.P.H., B.Hy. (Resigned 3.8.51).

J. F. Macgregor, L.R.C.P., L.R.C.S., D.P.H.

Mrs. E. J. Madeley, M.B., Ch.B., D.P.H., D.M.R. & E.

Miss D. Taylor, M.A., M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.

Chest Physicians:

(Joint appointments by County Council and Regional Hospital Boards.)

Miss B. A. Butterworth, M.B., M.R.C.P., M.R.C.S.

J. Vernon Davies, M.C., M.D., M.B., B.S., M.R.C.P.

R. Heller, M.D.

H. Climie, M.D., Ch.B., D.P.H.

T. A. C. McQuiston, M.D., M.B., D.P.H.

R. Grenville-Mathers, M.A., M.B., B.Chir., Ph.D.

J. T. Nicol-Roe, M.D., Ch.B., D.P.H.

C. H. C. Toussaint, M.R.C.S., L.R.C.P., D.P.H.

H. J. Trenchard, M.B., Ch.B., M.R.C.P.

Senior Medical Officer—Mental Health:

Miss R. D. Fidler, M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer—London and Northolt Airports:

L. H. Thomas, M.R.C.S., L.R.C.P.

Chief Dental Officer:

J. V. Bingay, M.B.E., L.D.S.R.C.S.

Special Services Almoners:

Miss D. Myer.

Miss I. B. Munro (Assistant Almoner).

AREA No. 1

Joint Area Medical Officers:

W. D. Hyde, M.B., Ch.B., D.P.H.

D. Regan, B.A., B.Sc., M.B., Ch.B., D.P.H.

Area Dental Officer:

E. Underhill, L.D.S.R.C.S.

AREA No. 2

Joint Area Medical Officers:

W. C. Harvey, M.D., D.P.H.

M. Manson, M.C., G.M., M.A., M.D., D.P.H.

Area Dental Officer:

G. S. Williams, L.D.S.R.C.S.

AREA No. 3

Area Medical Officer:

G. Hamilton Hogben, M.R.C.S., D.P.H.

Area Dental Officer:

V. Sainty, L.D.S.R.C.S.

AREA No. 4

Joint Area Medical Officers:

A. F. Adamson, M.D., D.P.H.

A. A. Turner, M.C., M.D., D.P.H.

Area Dental Officer:

K. C. B. Webster, L.D.S.R.C.S.

AREA No. 5

Area Medical Officer:

Caryl Thomas, M.D., B.Sc., D.P.H., Barrister-at-Law.

Area Dental Officer:

A. G. Brown, L.D.S.R.C.S.

AREA No. 6

Joint Area Medical Officers:

E. Grundy, M.D., D.P.H.

S. Leff, M.D., D.P.H., Barrister-at-Law.

Area Dental Officer:

Miss A. S. Stewart, L.D.S. (U.St.And.).

AREA No. 7

*Joint Area Medical Officers:*W. G. Booth, M.D., M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H.G. E. B. Payne, M.D., B.S., M.R.C.S., L.R.C.P.,
D.P.H.*Area Dental Officer:*

A. H. Millett, L.D.S.R.C.S.

AREA No. 8

Area Medical Officer:

O. C. Dobson, M.D., D.P.H., D.P.A., Barrister-at-Law.

Area Dental Officer:

G. M. Davie, L.D.S., R.F.P.S.(Glas.).

AREA No. 9.

Area Medical Officer :

A. Anderson, M.D., D.P.H.

Area Dental Officer :

E. E. Lewis, L.D.S. U.Brist.

AREA No. 10.

Area Medical Officer :

J. Maddison, M.D., B.S., D.P.H.

Area Dental Officer :

O. H. Minton, L.D.S. U.Brist.

County Council Establishments of :—

Area Medical Officers	...	...	...	...	...	...	...	10
Deputy Area Medical Officers	...	...	...	...	...	...	...	10
Senior Assistant Medical Officers (female)	...	...	...	...	...	...	...	10
Senior Assistant Medical Officers (male)...	...	...	...	...	...	...	...	10
Assistant Medical Officers...	...	...	...	...	...	...	...	78
Senior Airport Medical Officer	...	...	...	...	...	...	...	1
Airport Medical Officers	...	...	...	...	...	...	...	4
Area Dental Officers	...	...	...	...	...	...	...	10
Specialist Dental Officers	...	...	...	...	...	...	...	3
Orthodontists	...	...	...	...	...	...	...	13
Dental Officers	...	...	...	...	...	...	...	87
Dental Attendants...	...	...	...	...	...	...	...	129
Non-Medical Supervisors of Midwives and Home Nursing Superintendents...								10
Assistant Home Nursing Superintendents	...	...	...	...	...	...	...	4
Nurses Home Superintendents	...	...	...	...	...	...	...	5
District Midwives	...	...	...	...	...	...	...	213
Home Nurses	...	...	...	...	...	...	...	300
Superintendent Health Visitors	...	...	...	...	...	...	...	10
Deputy Superintendent Health Visitors...	...	...	...	...	...	...	...	10
Health Visitors and School Nurses	...	...	...	...	...	...	...	344
Tuberculosis Visitors	...	...	...	...	...	...	...	42
Superintendent Matrons of Day Nurseries	...	...	...	...	...	...	...	9
Supervisory Wardens of Day Nurseries	...	...	...	...	...	...	...	10
Home Help Organisers	...	...	...	...	...	...	...	10
Home Helps	...	...	...	...	...	...	...	1,250
Chest Clinic Welfare Officers	...	...	...	...	...	...	...	9
Chest Clinic Assistant Welfare Officers	...	...	...	...	...	...	...	6

Rehabilitation Workshops—Tottenham :

Supervisor/Instructor—W. R. Osment.

*Mother and Baby Homes :**Amherst Lodge, Ealing.*—Matron—Miss F. M. Dilley, S.R.N., S.C.M.*Belle Vue, Willesden.*—Matron—Miss R. Matthews, S.R.N., S.C.M., H.V. Cert. (Resigned 17.12.51).

Miss W. M. Byford, S.R.N., S.C.M. (Appointed 18.12.51).

SCHEME FOR LOAN OF NURSING EQUIPMENT THROUGH THE AGENCY OF VOLUNTARY ORGANISATIONS

OBJECT.—The object of the scheme is to make available nursing equipment, within reasonable and practicable limits, on loan to patients being nursed at home, at hire charges approved by the County Council and applicable throughout the County.

ARTICLES OF NURSING EQUIPMENT.—The list of articles of nursing equipment set out in the Schedule hereto shall be readily available throughout the County. It is proposed to issue, as necessary, amended lists of articles available from time to time. Any necessary articles of equipment not already available from the existing stores of the voluntary organisations participating in the scheme will be supplied in the first instance by the County Council on the understanding that the article remains County property and shall be replaced by the voluntary organisation concerned when necessary out of the hire charges received.

On loaning an article of nursing equipment the voluntary organisation shall obtain a receipt therefor, signed by or on behalf of the patient, together with an undertaking to return it in good condition subject to fair wear and tear. Other administrative procedure for the delivery of articles, ensuring return of articles and their subsequent sterilisation, cleansing, etc., which is necessary, is the responsibility of the voluntary organisation which will also ensure that no article of nursing equipment is supplied except on request of a medical practitioner.

INVENTORIES.—An inventory of articles of nursing equipment supplied by the County Council to a voluntary organisation participating in this scheme and which will remain County property shall be prepared in duplicate and exchanged between the County Council and the voluntary organisation concerned. Any further articles of nursing equipment supplied by the County Council shall be added to the respective inventories at the date supplied.

CHARGES.—It shall be accepted as a principle that charges shall be made in all cases except where adequate justification exists for abatement or complete exemption; except that tuberculosis patients shall be on the recommendation of the County Council's Tuberculosis Welfare Officers, supplied with articles of nursing equipment on loan free of charge.

Such charges for the loan of nursing equipment as may be approved by the County Council from time to time shall be made in respect of the loan of any particular article of nursing equipment by the voluntary organisation concerned. The voluntary organisation shall be responsible for the collection of the charges. If the person hiring the article claims to be unable to afford the approved charge then the voluntary organisation, having satisfied itself as to the reasonableness of the claim, may make appropriate arrangements either to halve the approved charge or to remit it entirely provided that in any such case the voluntary organisation shall notify the County Medical Officer of Health within 7 days to enable an investigation to be made where considered desirable.

The County Council will pay to the voluntary organisation sums equivalent to the charges which the organisation wholly or partly remits in accordance with the foregoing arrangements.

A voluntary organisation participating in the scheme shall be entitled to retain charges for loan of nursing equipment collected subject to the following conditions:—

- (1) That provision is made for the replacement of the nursing equipment.
- (2) That equipment supplied by the County Council shall remain County property.
- (3) That the County Council shall not be liable to make good any financial loss sustained by the voluntary organisation by reason of bad debts or otherwise.

STORAGE AND TRANSPORT.—Voluntary organisations normally will be expected to provide any necessary storage and transport of articles of nursing equipment supplied to them for issue in accordance with this scheme, but the County Council will assist where provision of transport presents difficulty by reason of distance and the nature of the article.

RECORDS AND ACCOUNTS.—Each voluntary organisation shall record details of the loan of nursing equipment showing the nature of the article loaned, the person to whom loaned, the charge levied and the amount received and an account shall be rendered to the County Council each month in respect of those cases where a reduced or no charge has been levied.

In addition, at the end of the year each voluntary organisation shall furnish the County Council with a report as to the operation of the scheme including such statistics as the County Medical Officer of Health may require.

STAFF.—The County Council shall not be responsible in any way to a voluntary organisation participating in the scheme in respect of any claims made by or against the staff of the organisation in the course of or otherwise connected with the carrying out of their duties under the scheme.

DURATION OF SCHEME.—This scheme shall be operative for an experimental period of one year from the date of the approval of the Minister of Health.

Schedule

LIST OF ARTICLES OF EQUIPMENT FOR LOAN AND WEEKLY CHARGES

							<i>Charges per week.</i>	
							s.	d.
Invalid Folding Chair	...	...	...	...	...	...	1	6
Invalid Wheel Chair	...	...	...	...	...	...	1	6
Water Bed	...	...	...	...	...	...	1	6
Air Cushion	...	...	...	...	...	...	0	4
Air Ring	...	...	...	...	...	...	0	4
Bed Cradle	...	...	...	...	...	...	0	3
Bed Rest	...	...	...	...	...	...	0	6
Mackintosh Sheet	...	...	...	...	...	...	0	6
Douche Can, &c....	...	...	...	...	...	...	0	6
Steam Kettle and Lamp	...	...	...	...	...	...	0	6
Sputum Cup	...	...	...	...	...	...	0	2
Steam Kettle	...	...	...	...	...	...	0	3
Urinals	...	...	...	...	...	...	0	3
Invalid Bed Table	...	...	...	...	...	...	0	9
Bed Pan (including rubber variety)	...	...	...	...	...	...	0	6
Hot Water Bottle and Cover	...	...	...	...	...	...	0	3
Inhaler	...	...	...	...	...	...	0	3
Ice Bag	...	...	...	...	...	...	0	3
Feeding Cups	...	...	...	...	...	...	0	2
Stone Hot Water Bottle	...	...	...	...	...	...	0	2
Crutches	...	...	...	...	...	...	0	6
Fracture Boards	...	...	...	...	...	...	0	6
Commode	...	...	...	...	...	...	1	0
Special Beds:								
Fowler Positional Bed	...	...	...	...	...	...	}	2 0
Special Mattress for Fowler Bed	...	...	...	...	...	...
Hospital Bed	...	...	...	...	...	...	1	0
Adult Cot suitable for Mental Cases	...	...	...	...	...	...	1	6
Lifting Pole and Brackets	...	...	...	...	...	...	0	3
Mattresses:								
Hair	...	...	...	...	...	...	1	0
Protective Rubber Cover	...	...	...	...	...	...	1	0
Dunlopillo	...	...	...	...	...	...	2	0
Protective Rubber Cover	...	...	...	...	...	...	1	0
Bed Blocks	...	...	...	...	...	...	0	3 per set of two.
Sandbags	...	...	...	...	...	...	0	3
Enemas	...	...	...	...	...	...	0	3
Thermometers	...	...	...	...	...	...	0	3

STATISTICAL TABLES

Vital Statistics

TABLE I

Boroughs and Urban Districts.	Acreage.	Census population.			Number of separately rated dwellings 1st April, 1951.	Average number of persons per dwelling.
		1921.	1931.	1951. (a)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Acton (Borough) ...	2,319	60,817	70,008	67,424	18,247	3·7
Brentford and Chiswick (Borough) ...	2,333	58,499	63,217	59,354	15,365	3·9
Ealing (Borough) ...	8,783	90,312	116,771	187,306	49,831	3·8
Edmonton (Borough) ...	3,896	66,807	77,658	104,244	28,497	3·7
Enfield ...	12,401	60,464	67,752	110,458	29,500	3·7
Feltham ...	4,925	11,392	16,066	44,830	11,272	4·0
Finchley (Borough) ...	3,475	46,628	59,113	69,990	19,172	3·7
Friern Barnet ...	1,340	17,137	22,715	29,164	7,320	4·0
Harrow ...	12,559	49,020	96,656	219,463	61,500	3·6
Hayes and Harlington ...	5,160	9,042	22,969	65,608	17,221	3·8
Hendon (Borough) ...	10,373	57,566	115,640	155,835	41,812	3·7
Heston and Isleworth (Borough) ...	7,218	47,463	76,254	106,636	27,869	3·8
Hornsey (Borough) ...	2,872	87,632	95,416	98,134	23,973	4·1
Potters Bar ...	6,129	3,222	5,720	17,163	4,946	3·5
Ruislip-Northwood ...	6,583	9,112	16,035	68,274	19,637	3·5
Southall (Borough) ...	2,606	30,165	38,839	55,900	13,955	4·0
Southgate (Borough) ...	3,763	39,525	56,063	73,376	21,014	3·5
Staines ...	8,273	17,060	21,336	39,983	10,352	3·9
Sunbury ...	5,608	9,904	13,451	23,396	6,489	3·6
Tottenham (Borough) ...	3,013	146,726	157,667	126,921	30,541	4·2
Twickenham (Borough)...	7,013	69,948	79,299	105,645	28,702	3·7
Uxbridge... ..	10,240	20,626	31,887	55,944	13,943	4·0
Wembley (Borough) ...	6,290	18,239	65,799	131,369	37,019	3·5
Willesden (Borough) ...	4,635	165,742	185,025	179,647	43,395	4·1
Wood Green (Borough)...	1,607	50,791	54,308	52,224	13,739	3·8
Yiewsley and West Drayton ...	5,277	9,163	13,066	20,488	5,099	4·0
THE COUNTY ...	148,691	1,253,002	1,638,728	2,268,776	600,410	3·8

(a) Provisional figures.

TABLE 2

AGE AND SEX DISTRIBUTION OF THE POPULATION OF MIDDLESEX AS COMPARED WITH THAT OF ENGLAND AND WALES ACCORDING TO A 1 PER CENT. SAMPLE TAKEN AT THE CENSUS 1951

Age Groups.		England and Wales.						Middlesex.											
		Males.			Females.			Total.			Males.			Females.			Total.		
		No.		Per cent.	No.		Per cent.	No.		Per cent.	No.		Per cent.	No.		Per cent.	No.		Per cent.
		No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
0-4	...	1,895,900	4.3	1,823,000	4.2	3,718,900	8.5	84,400	3.7	90,500	4.0	174,900	7.7						
5-9	...	1,620,800	3.7	1,549,500	3.5	3,170,300	7.2	80,600	3.6	80,400	3.5	161,000	7.1						
10-14	...	1,443,800	3.3	1,399,800	3.2	2,843,600	6.5	73,200	3.2	67,600	3.0	140,800	6.2						
15-19	...	1,316,200	3.0	1,380,500	3.2	2,696,700	6.2	52,500	2.3	68,900	3.0	121,400	5.4						
20-24	...	1,412,600	3.2	1,502,200	3.4	2,914,800	6.7	64,300	2.8	81,300	3.6	145,600	6.4						
25-29	...	1,614,300	3.7	1,641,400	3.8	3,255,700	7.4	77,400	3.4	84,200	3.7	161,600	7.1						
30-34	...	1,507,500	3.4	1,563,200	3.6	3,070,700	7.0	78,200	3.4	90,500	4.0	168,700	7.4						
35-39	...	1,633,000	3.7	1,701,500	3.9	3,334,500	7.6	99,800	4.4	97,700	4.3	197,500	8.7						
40-44	...	1,681,300	3.8	1,710,100	3.9	3,391,400	7.8	93,300	4.1	100,500	4.4	193,800	8.5						
45-49	...	1,538,600	3.5	1,616,000	3.7	3,154,600	7.2	89,300	3.9	89,200	3.9	178,500	7.9						
50-54	...	1,321,500	3.0	1,511,100	3.5	2,832,600	6.5	67,400	3.0	82,600	3.6	150,000	6.6						
55-59	...	1,091,200	2.5	1,334,100	3.0	2,425,300	5.5	60,600	2.7	67,500	3.0	128,100	5.6						
60-64	...	945,500	2.2	1,201,700	2.7	2,147,200	4.9	48,900	2.2	68,000	3.0	116,900	5.2						
65-69	...	779,500	1.8	1,042,100	2.4	1,821,600	4.2	40,600	1.8	52,100	2.3	92,700	4.1						
70-74	...	580,200	1.3	843,800	1.9	1,424,000	3.3	26,300	1.2	40,300	1.8	66,600	2.9						
75-79	...	376,400	0.9	539,600	1.2	916,000	2.1	16,200	0.7	25,900	1.1	42,100	1.9						
80-84	...	160,500	0.4	276,100	0.6	436,600	1.0	6,500	0.3	13,300	0.6	19,800	0.9						
85 and over	...	60,400	0.1	129,800	0.3	190,200	0.4	2,500	0.1	6,100	0.3	8,600	0.4						
TOTAL ...	...	20,979,200	48.0	22,765,500	52.0	43,744,700	100	1,062,000	46.8	1,206,600	53.2	2,268,600	100					

TABLE 3
BIRTH RATE

Year.						Live birth rate per 1,000 estimated mid-year population.		
						Middlesex.	London.	England and Wales.
(1)						(2)	(3)	(4)
1946	...	...	...	...	...	19·4	21·2	20·2
1947	...	...	...	...	...	19·6	21·8	21·1
1948	...	...	...	...	...	16·1	18·2	18·1
1949	...	...	...	...	...	14·9 (13·9)	16·8 (15·3)	16·9
1950	...	...	...	...	...	13·9 (12·8)	15·6 (14·2)	15·9
1951	...	...	...	...	...	13·4 (12·3)	15·8 (14·2)	15·5

NOTES.—Rates for the years 1946–49 are based on civilian population.

Rates for 1950–1951 are based on home population.

Figures in brackets represent rates, adjusted for valid area comparisons by Registrar General's comparability factors.

The rates for 1951 are provisional and subject to correction.

TABLE 4.

VITAL STATISTICS, 1951—HEALTH AREAS.

Health Areas.	Home population.	Births.									Crude live birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Total number of deaths (all causes).	Crude death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Health Areas.
		Live.			Still.			Total.									
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Area 1	213,200	2,838	100	2,938	51	3	54	2,889	103	2,992	13·8	18·0	2,257	10·6	69	23·5	Area 1
Area 2	170,490	2,023	46	2,069	39	3	42	2,062	49	2,111	12·1	19·9	2,115	12·4	50	24·2	Area 2
Area 3	225,690	2,973	151	3,124	71	4	75	3,044	155	3,199	13·8	23·4	2,667	11·8	78	25·0	Area 3
Area 4	225,890	2,841	156	2,997	51	3	54	2,892	159	3,051	13·3	17·7	2,512	11·1	69	23·0	Area 4
Area 5	220,000	2,793	102	2,895	70	1	71	2,863	103	2,966	13·2	23·9	2,094	9·5	64	22·1	Area 5
Area 6	310,200	3,832	219	4,051	92	6	98	3,924	225	4,149	13·1	23·6	3,256	10·5	107	26·4	Area 6
Area 7	255,140	3,230	195	3,425	71	4	75	3,301	199	3,500	13·4	21·4	2,762	10·8	85	24·8	Area 7
Area 8	210,910	2,978	117	3,095	54	4	58	3,032	121	3,153	14·7	18·4	1,769	8·4	58	18·7	Area 8
Area 9	221,980	2,657	126	2,783	57	5	62	2,714	131	2,845	12·5	21·8	2,405	10·8	63	22·6	Area 9
Area 10	214,500	2,977	128	3,105	69	4	73	3,046	132	3,178	14·5	23·0	2,257	10·5	76	24·5	Area 10
THE COUNTY ...	2,268,000	29,142	1,340	30,482	625	37	662	29,767	1,377	31,144	13·4	21·3	24,094	10·6	719	23·6	THE COUNTY

TABLE 5.

VITAL STATISTICS, 1951—SANITARY DISTRICTS.

Sanitary district.	Home population.	Births.									Crude live birth rate per 1,000 home population.	Birth comparability factor.*	Adjusted birth rate per 1,000 home population.	Still birth rate per 1,000 total (live and still) births.	Total number of deaths (all causes).	Crude death rate per 1,000 home population.	Death com- parability factor.*	Adjusted death rate per 1,000 home population.	Number of deaths of infants under 1 year of age.	Infantile mortality rate per 1,000 live births.	Sanitary district.
		Live.			Still.			Total.													
		Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.	Legitimate.	Illegitimate.	Total.											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
Acton	67,540	950	59	1,009	30	—	30	980	59	1,039	14·9	0·93	13·9	28·9	779	11·5	1·00	11·5	24	23·7	Acton.
Brentford and Chiswick ...	59,960	821	55	876	16	3	19	837	58	895	14·6	0·93	13·6	21·2	749	12·5	0·96	12·0	26	29·7	Brentford and Chiswick.
Ealing	187,600	2,280	136	2,416	41	4	45	2,321	140	2,461	12·9	0·89	11·5	18·3	1,983	10·6	1·07	11·3	61	25·2	Ealing.
Edmonton	103,300	1,313	59	1,372	30	2	32	1,343	61	1,404	13·3	0·92	12·2	22·8	1,103	10·7	1·14	12·2	33	24·1	Edmonton.
Enfield	109,900	1,525	41	1,566	21	1	22	1,546	42	1,588	14·2	0·93	13·2	13·9	1,154	10·5	1·07	11·2	36	23·0	Enfield.
Feltham	45,230	691	22	713	11	—	11	702	22	724	15·8	0·97	15·3	15·2	318	7·0	1·41	9·9	13	18·2	Feltham.
Finchley	70,190	877	38	915	11	1	12	888	39	927	13·0	0·91	11·8	12·9	878	12·5	0·92	11·5	22	24·0	Finchley.
Friern Barnet	28,450	322	10	332	10	1	11	332	11	343	11·7	1·03	12·1	32·1	284	10·0	0·98	9·8	10	30·1	Friern Barnet.
Harrow	220,000	2,793	102	2,895	70	1	71	2,863	103	2,966	13·2	0·92	12·1	23·9	2,094	9·5	1·16	11·0	64	22·1	Harrow.
Hayes and Harlington ...	65,270	906	32	938	17	2	19	923	34	957	14·4	0·91	13·1	19·9	500	7·7	1·50	11·6	14	14·9	Hayes and Harlington.
Hendon	155,700	1,964	118	2,082	40	2	42	2,004	120	2,124	13·4	0·91	12·2	19·8	1,634	10·5	1·08	11·3	47	22·6	Hendon.
Heston and Isleworth ...	106,400	1,158	43	1,201	23	2	25	1,181	45	1,226	11·3	0·96	10·8	20·4	1,105	10·4	1·09	11·3	22	18·3	Heston and Isleworth.
Hornsey	98,890	1,378	73	1,451	29	2	31	1,407	75	1,482	14·7	0·89	13·1	20·9	1,147	11·6	0·92	10·7	35	24·1	Hornsey.
Potters Bar	16,800	238	7	245	4	—	4	242	7	249	14·6	0·91	12·3	16·1	165	9·8	1·10	10·8	6	24·5	Potters Bar.
Ruislip-Northwood ...	69,640	940	24	964	17	1	18	957	25	982	13·8	0·88	12·1	18·3	579	8·3	1·19	9·9	24	24·9	Ruislip-Northwood.
Southall	55,620	678	28	706	18	—	18	696	28	724	12·7	0·96	12·2	24·9	551	9·9	1·11	11·0	15	21·2	Southall.
Southgate	72,840	825	14	839	15	—	15	840	14	854	11·5	0·97	11·2	17·6	951	13·1	0·85	11·1	13	15·5	Southgate.
Staines	39,730	589	29	618	14	—	14	603	29	632	15·6	0·96	15·0	22·2	421	10·6	1·11	11·8	17	27·5	Staines.
Sunbury	23,240	391	20	411	10	—	10	401	20	421	17·7	0·95	16·8	23·8	246	10·6	1·13	12·0	11	26·8	Sunbury.
Tottenham	126,800	1,595	78	1,673	42	2	44	1,637	80	1,717	13·2	0·93	12·3	25·6	1,520	12·0	1·06	12·7	43	25·7	Tottenham.
Twickenham	106,300	1,306	57	1,363	34	4	38	1,340	61	1,401	12·8	0·94	12·0	27·1	1,272	12·1	0·97	11·7	35	25·7	Twickenham.
Uxbridge	55,060	813	42	855	16	1	17	829	43	872	15·5	0·94	14·6	19·5	505	9·2	1·20	11·0	13	15·2	Uxbridge.
Wembley	130,800	1,452	40	1,492	40	1	41	1,492	41	1,533	11·4	0·92	10·5	26·7	1,224	9·4	1·16	10·9	34	22·8	Wembley.
Willesden	179,400	2,380	179	2,559	52	5	57	2,432	184	2,616	14·3	0·89	12·7	21·8	2,032	11·3	1·09	12·3	73	28·5	Willesden.
Wood Green	52,400	638	15	653	10	2	12	648	17	665	12·5	0·93	11·6	18·0	715	13·6	0·95	12·9	21	32·2	Wood Green.
Yiewsley and West Drayton ...	20,940	319	19	338	4	—	4	323	19	342	16·1	0·93	15·0	11·7	185	8·8	1·27	11·2	7	20·7	Yiewsley and West Drayton.
THE COUNTY	2,268,000	29,142	1,340	30,482	625	37	662	29,767	1,377	31,144	13·4	0·92	12·3	21·3	24,094	10·6	1·07	11·3	719	23·6	THE COUNTY.

* The birth rate is calculated on the total population of the area. Clearly a population with a high proportion of women of child bearing age can be expected to have a higher birth rate than one with a lower proportion of such women even though the fertility rates of women (of the same age) were the same in both populations. Similarly a population with a high proportion of old people can be expected to have a higher death rate than one with a lower proportion of such persons.

The Comparability Factors are a means of getting over these difficulties for purposes of comparison ; the adjusted rates, though useful, are fictitious.

TABLE 6.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE
COUNTY OF MIDDLESEX, 1951.

Causes of Death.	All Ages.	0—	1—	5—	15—	25—	45—	65—	75+
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Tuberculosis—respiratory ...	528	1	7	2	36	179	211	71	21
2. Tuberculosis—other... ..	54	1	9	5	3	11	11	8	6
3. Syphilitic disease	81	—	—	—	—	1	30	26	24
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping cough	15	9	6	—	—	—	—	—	—
6. Meningococcal infections ...	7	3	1	1	1	1	—	—	—
7. Acute poliomyelitis	2	—	—	—	1	1	—	—	—
8. Measles	7	3	2	2	—	—	—	—	—
9. Other infective and parasitic diseases	38	3	3	1	—	6	10	8	7
10. Malignant neoplasm— stomach	620	—	—	—	—	24	217	208	171
11. Malignant neoplasm—lung, bronchus	819	—	—	—	1	60	455	223	80
12. Malignant neoplasm— breast	440	—	—	—	—	46	190	125	79
13. Malignant neoplasm— uterus	184	—	—	1	—	12	87	46	38
14. Other malignant and lymphatic neoplasms ...	2,200	—	6	12	15	139	757	661	610
15. Leukaemia aleukaemic ...	115	—	8	9	2	19	38	29	10
16. Diabetes	153	—	1	1	1	8	29	47	66
17. Vascular lesions of nervous system	2,787	1	2	2	4	47	551	834	1,346
18. Coronary disease angina ...	3,031	—	—	—	2	70	892	1,047	1,020
19. Hypertension with heart disease	922	—	—	—	—	16	165	323	418
20. Other heart disease	3,625	—	—	2	8	99	441	774	2,301
21. Other circulatory disease ...	914	—	1	—	3	17	160	225	508
22. Influenza	454	3	—	—	3	13	96	117	222
23. Pneumonia	1,174	62	14	8	9	30	177	279	595
24. Bronchitis	1,758	10	2	1	2	19	423	542	759
25. Other diseases of the respira- tory system	187	2	3	2	1	4	73	48	54
26. Ulcer of stomach and duo- denum	295	—	—	—	2	21	91	99	82
27. Gastritis, enteritis and diarrhoea	102	16	1	1	—	9	25	20	30
28. Nephritis and nephrosis ...	230	2	1	5	9	42	65	54	52
29. Hyperplasia of prostate ...	188	—	—	—	—	—	15	72	101
30. Pregnancy, childbirth, abortion	17	—	—	—	3	14	—	—	—
31. Congenital malformations ...	215	120	17	11	5	23	30	5	4
32. Other defined and ill defined diseases	2,016	460	18	20	28	147	407	355	581
33. Motor vehicle accidents ...	252	—	8	12	42	66	54	30	40
34. All other accidents	496	23	11	14	25	65	94	76	188
35. Suicide	162	—	—	—	7	31	73	31	20
36. Homicide and operations of war	6	—	—	—	2	1	2	—	1
All causes	24,094	719	121	112	215	1,241	5,869	6,383	9,434
Proportionate age group mortality	100	3·0	0·5	0·5	0·9	5·2	24·4	26·5	39·2

TABLE 7.
INFANT MORTALITY.

Year.	Middlesex.			London.	England and Wales.
	Live births.	Deaths under one year.	Rate per 1,000 live births.		
(1)	(2)	(3)	(4)	(5)	(6)
1939	31,508	1,362	43·2	48	50
1940	28,873	1,448	50·2	50	55
1941	25,512	1,327	52·0	68	59
1942	33,150	1,558	47·0	60	49
1943	35,339	1,536	43·5	58	49
1944	36,380	1,327	36·5	61	46
1945	33,398	1,296	38·8	53	46
1946	42,108	1,246	29·6	41	43
1947	43,955	1,386	31·5	37	41
1948	36,561	961	26·3	31	34
1949	33,833	818	24·2	29	32
1950	31,524	690	21·9	26	30
1951	30,482	719	23·6	26	30

TABLE 8.

MATERNAL MORTALITY.

MORTALITY PER 1,000 TOTAL (LIVE AND STILL) BIRTHS. MATERNAL MORTALITY NOT DUE TO ABORTION.

Year.	Infection during childbirth and the puerperium.		Other accidents and diseases of pregnancy and parturition.		All causes excluding abortion.	
	Middlesex.	England and Wales.	Middlesex.	England and Wales.	Middlesex.	England and Wales.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1942	0·29	0·42	1·35	1·60	1·64	2·02
1943	0·44	0·39	1·24	1·44	1·68	1·83
1944	0·11	0·28	0·80	1·24	0·91	1·52
1945	0·09	0·24	0·64	1·23	0·73	1·47
1946	0·16	0·18	0·95	1·06	1·11	1·24
1947	0·18	0·16	0·81	0·86	0·99	1·02
1948	0·08	0·13	0·67	0·74	0·75	0·87
1949	0·12	0·11	0·67	0·71	0·79	0·82
1950	0·16	0·03	0·51	0·69	0·67	0·72
1951	0·03	0·10	0·35	0·55	0·39	0·65

TABLE 9

INCIDENCE OF SICKNESS IN MIDDLESEX DURING 1951 (based on first applications for Sickness Benefit received by the Ministry of National Insurance)

13 weeks ended								First applications for sickness benefit.
1951								
27th March	...	...	...	...	...	...	...	154,248
26th June	...	...	...	...	...	...	...	66,914
25th September...	...	...	...	...	...	...	...	54,265
25th December	...	...	...	...	...	...	...	79,582
Total of 52 weeks	...	...	...	...	...	...	...	355,009

The number of first applications for sickness benefit which might reasonably be expected during 13 weeks of a normal Winter period is 87,100.

Infectious Diseases

TABLE 10.

CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES, 1951.

Boroughs and Urban Districts.		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
		Scarlet fever.	Whooping cough.	Acute poliomyelitis.	Measles.	Diphtheria.	Acute pneumonia.	Dysentery.	Smallpox.	Acute encephalitis lethargica.	Enteric fever.	Paratyphoid fever.	Erysipelas.	Meningococcal infection.	Puerperal pyrexia.	Ophthalmia neonatorum.	Food poisoning.	Other notifiable diseases.		
Acton (Borough) ...	...	73	122	3	—	974	—	41	73	—	2	2	8	4	1	—	4	—	—
Brentford and Chiswick (Borough)	...	65	90	—	1	863	—	32	15	—	—	—	8	1	21	—	6	—	—	
Ealing (Borough) ...	...	196	550	10	2	3,296	1	197	501	—	—	3	16	1	38	6	14	1 M	—
Edmonton (Borough)	...	187	349	3	—	1,610	2	48	661	—	—	2	25	2	79	20	4	—	—	
Enfield ...	...	171	510	1	—	2,466	—	94	257	—	—	1	22	5	36	1	13	—	—
Feltham ...	...	18	172	1	1	510	—	14	2	—	—	—	3	—	2	1	1	1 M	—
Finchley (Borough)	...	99	240	5	—	647	—	72	38	—	—	1	14	1	38	2	—	2 M	—	
Friern Barnet ...	...	24	91	3	—	317	—	11	11	—	6	—	3	—	1	1	2	—	—
Harrow ...	...	182	779	8	—	2,548	—	166	45	—	—	6	25	5	13	2	5	—	—
Hayes and Harlington	...	101	331	10	—	616	—	95	25	—	—	—	4	1	20	1	4	—	—	
Hendon (Borough)	...	147	604	6	—	1,616	—	213	74	—	1	4	21	5	106	20	22	—	—	
Heston and Isleworth (Borough)	...	67	222	4	1	790	—	59	77	—	1	1	12	5	31	1	6	—	—	
Hornsey (Borough)	...	157	269	5	—	1,345	—	86	132	—	1	1	18	1	15	1	14	1 M	—	
Potters Bar ...	...	15	68	3	—	179	—	17	18	—	—	—	8	—	—	—	21	—	—
Ruislip-Northwood	...	75	249	7	—	1,650	—	96	5	—	—	3	15	—	16	—	3	1 M	—	
Southall (Borough)	...	87	222	11	—	1,125	—	109	226	—	—	1	4	1	8	—	32	—	—	
Southgate (Borough)	...	99	126	1	—	980	—	33	57	—	—	—	12	2	5	—	16	—	—	
Staines ...	...	9	101	3	—	638	—	—	25	—	—	—	1	1	—	—	—	—	—
Sunbury ...	...	19	109	—	1	536	—	—	—	—	—	—	—	—	—	—	—	1 P	—
Tottenham (Borough)	...	245	427	4	—	1,331	—	125	112	—	—	—	12	4	5	1	5	—	—	
Twickenham (Borough)	...	64	341	2	—	1,478	—	83	48	—	—	1	23	2	14	8	11	—	—	
Uxbridge ...	...	52	168	6	2	766	—	78	8	—	—	—	23	—	8	—	4	—	—
Wembley (Borough)	...	177	701	8	1	1,461	—	116	66	—	—	1	24	4	7	2	15	—	—	
Willesden (Borough)	...	204	543	—	—	1,927	1	161	276	—	—	—	30	6	82	1	10	1 M	—	
Wood Green (Borough)	...	196	127	1	—	434	—	41	27	—	1	1	13	2	3	—	15	—	—	
Yiewsley and West Drayton	...	33	167	2	—	188	—	57	27	—	—	—	—	1	11	—	38	1 AE	—	
THE COUNTY ...	...	2,762	7,678	107	9	30,291	4	2,044	2,806	—	12	28	344	54	560	68	265	7 M 1 P 1 AE	—

M Malaria. P Pemphigus Neonatorum. AE Acute Enteritis.

TABLE 11

AGE DISTRIBUTION OF NOTIFIED CASES AND OF DEATHS, ACUTE POLIOMYELITIS AND
POLIOENCEPHALITIS, 1951.

Number of cases	Age in years.					All ages.
	Under 1.	1—	5—	15—	25 and over.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1951						
First quarter	—	4	6	1	—	11
Second quarter	—	4	17	2	5	28
Third quarter	—	10	20	2	5	37
Fourth quarter	2	11	9	7	11	40
Whole year	2	29	52	12	21	116
Number of deaths ...	—	—	—	1	1	2

TABLE 12.

NUMBER OF NOTIFICATIONS RECEIVED OF PERSONS
PRIMARILY VACCINATED OR RE-VACCINATED DURING 1951.

Area.					Age in years.				
					Under 1.	1—4.	5—14.	15 or over.	All ages.
(1)					(2)	(3)	(4)	(5)	(6)
1	...	...	...	...	775	198	162	1,217	2,352
2	...	...	...	...	760	147	143	1,182	2,232
3	...	...	...	...	961	168	164	865	2,158
4	...	...	...	...	1,180	240	363	1,935	3,718
5	...	...	...	...	899	510	253	938	2,600
6	...	...	...	...	1,784	394	432	1,780	4,390
7	...	...	...	...	790	555	244	1,180	2,769
8	...	...	...	...	1,168	230	263	1,029	2,690
9	...	...	...	...	788	177	172	745	1,882
10	...	...	...	...	1,520	173	276	843	2,812
Airports	...	...	...	...	—	—	—	124	124
The County ...					10,625	2,792	2,472	11,838	27,727

TABLE 13.

DIPHTHERIA.

Year.				Cases notified.	Fatal cases.	Case rate per 1,000 population.	Death rate per 1,000 population.	Number of children under 15 years immunised during the year (primary plus booster injections).
(1)				(2)	(3)	(4)	(5)	(6)
1938	...	...	...	2,149	79	1.04	0.04	—
1939	...	...	...	1,279	59	0.62	0.03	—
1940	...	...	...	929	42	0.48	0.02	—
1941	...	...	...	980	59	0.52	0.03	—
1942	...	...	...	769	53	0.40	0.03	197,796
1943	...	...	...	618	24	0.32	0.01	49,830
1944	...	...	...	266	14	0.14	0.01	23,528
1945	...	...	...	331	19	0.17	0.01	31,326
1946	...	...	...	350	13	0.16	0.006	45,857
1947	...	...	...	129	3	0.06	0.001	48,414
1948	...	...	...	57	5	0.02	0.002	54,721
1949	...	...	...	23	—	0.01	—	49,083
1950	...	...	...	10	2	0.0044	0.00087	40,398
1951	...	...	...	4	—	0.0018	—	52,065

TABLE 14.

NUMBER OF CHILDREN IMMUNISED AND GIVEN REINFORCING INJECTIONS
AGAINST DIPHTHERIA DURING 1951.

Area.	Number of children immunised.			Number of children given reinforcing injections.
	Under 5 years.	5-15 years.	Total, aged 0-15 years.	
(1)	(2)	(3)	(4)	(5)
1	2,083	268	2,351	3,991
2	1,814	355	2,169	2,795
3	2,380	60	2,440	725
4	2,539	131	2,670	2,657
5	2,050	174	2,224	422
6	3,292	1,025	4,317	4,308
7	2,808	255	3,063	4,239
8	2,392	164	2,556	2,526
9	2,118	92	2,210	1,925
10	2,333	163	2,496	1,981
COUNTY ...	23,809	2,687	26,496	25,569

TABLE 15.

NUMBER OF CHILDREN WHO HAD BEEN IMMUNISED AGAINST DIPHTHERIA
UP TO 31ST DECEMBER, 1951.

Area.	Under 5 years.			5-15 years.		
	Estimated population under 5 years.	Total number protected to date.	Percentage of protected population in this age group.	Estimated population 5-15 years.	Total number protected to date.	Percentage of protected population in this age group.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	17,638	10,065	57·1	29,693	24,195	81·5
2	12,447	7,105	57·1	19,453	16,825	86·5
3	18,770	10,102	53·8	26,105	17,743	68·0
4	16,591	10,863	65·5	27,085	21,286	78·6
5	16,410	8,062	49·1	30,117	23,878	79·3
6	23,981	12,909	53·8	38,806	34,959	90·1
7	19,692	11,742	59·6	30,815	28,950	93·9
8	18,811	10,391	55·2	32,350	23,635	73·1
9	16,584	9,043	54·5	27,275	20,597	75·5
10	17,776	10,446	58·8	30,531	23,017	75·4
COUNTY ...	178,700	100,728	56·4	292,230	235,085	80·4

Tuberculosis.

TABLE 16.

SUMMARY OF WORK OF CHEST CLINICS, 1951.

(1)	Edmonton. (2)	Finchley. (a) (3)	Willesden. (4)	Ealing. (5)	Hounslow. (6)	Uxbridge. (7)	Tottenham. (8)	Edgware. (9)	Harrow. (10)	The County. (11)
Population in area served (approx.)...	213,200	287,170	281,200	255,140	380,860	266,530	179,200	224,700	180,000	2,268,000
Persons seen for the first time during the year	2,833	4,893	3,416	4,153	4,353	4,694	3,154	6,107	7,019	40,622
Persons seen for the first time found to be tuberculous	211	243	185	297	389	272	244	202	233	2,276
New contacts seen for the first time during the year	772	1,529	1,203	898	1,308	641	838	931	1,795	9,915
New contacts found to be tuberculous	31	23	39	23	64	18	57	16	20	291
Cases on register at 31st December, 1951...	1,605	1,963	2,343	2,072	2,741	2,331	1,729	1,753	1,704	18,241
Home visits by tuberculosis visitors during 1951	4,588	7,934	3,459	4,559	7,562	4,151	3,587	5,485	2,974	44,000

(a) Includes patients attending sub-clinic at Clare Hall Sanatorium, Potters Bar.

TABLE 17.

SUMMARY OF THE WORK OF TUBERCULOSIS WELFARE OFFICERS, 1951.

(1)	Edmonton. (2)	Finchley. (3)	Willesden. (4)	Ealing. (5)	Hounslow. (6)	Uxbridge. (7)	Tottenham. (8)	Edgware. (9)	Harrow. (10)	The County. (11)
Cases investigated	940	905	1,164	1,031	1,819	964	1,011	1,021	833	9,688
Number of patients and dependents granted:—										
(a) Clothing	5	4	4	16	13	1	2	19	4	68
(b) Bedding	12	9	10	11	8	1	2	18	8	79
Cases of overcrowding about whom representations were made ...	132	92	196	195	136	119	225	199	31	1,325
Cases of overcrowding successfully rehoused during the year ...	30	22	10	30	42	33	44	29	15	255
Patients having home helps at any time during 1951 (including those continuing from 1950) ...	160	94	156	120	143	110	94	143	104	1,124
New child contacts boarded out during the year	41	24	19	45	10	11	12	66	16	244
Total child contacts boarded out during the year	56	26	19	78	13*	26*	29	95	21	363

* These figures are incomplete.

TABLE 18.

NEW CASES OF, AND DEATHS FROM TUBERCULOSIS, NOTIFIED TO MEDICAL OFFICERS
OF HEALTH DURING 1951, CLASSIFIED INTO AGE GROUPS.

Age in years. (1)				New Cases.				Deaths.			
				Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
				(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
				M.	F.	M.	F.	M.	F.	M.	F.
Under 1 ...	...	...	...	6	7	—	1	1	—	—	1
1—	...	...	...	47	42	19	16	4	3	3	6
5—	...	...	...	50	35	18	11	}	2	3	2
10—	...	...	...	27	36	15	16				
15—	...	...	...	116	140	19	23	}	19	2	1
20—	...	...	...	185	221	13	30				
25—	...	...	...	304	261	20	40	}	97	4	7
35—	...	...	...	225	138	15	19				
45—	...	...	...	223	74	7	12	}	51	6	5
55-65	...	...	...	153	26	5	4				
Over 65 ...	...	...	...	80	20	3	5	67	25	5	9
ALL AGES				1,416	1,000	134	177	331	197	23	31

TABLE 19.

NOTIFICATION OF TUBERCULOSIS CASES AND DEATHS, 1922-1951.

Year.	Estimated County civilian population (mid-year).	Primary notifications of new cases.						Deaths notified.					
		All forms.			Pulmonary.			All forms.			Pulmonary.		
		Non-pulmonary.			Non-pulmonary.			Non-pulmonary.			Non-pulmonary.		
		No.	Rate.	(3)	No.	Rate.	(4)	No.	Rate.	(5)	No.	Rate.	(6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1922	1,265,871	1,823	1.44	1,529	1.21	294	.23	1,142	.90	948	.75	194	.15
1923	1,274,848	1,944	1.52	1,565	1.23	379	.29	1,120	.88	916	.72	204	.16
1924	1,289,320	1,982	1.54	1,635	1.27	347	.27	1,188	.92	986	.76	202	.16
1925	1,302,950	1,982	1.52	1,630	1.25	352	.27	1,097	.84	922	.71	175	.13
1926	1,325,260	2,009	1.52	1,655	1.25	354	.27	1,138	.86	944	.71	194	.15
1927	1,352,040	2,015	1.50	1,621	1.20	394	.30	1,193	.88	1,024	.76	169	.12
1928	1,416,600	1,819	1.28	1,478	1.04	341	.24	1,071	.76	909	.64	162	.12
1929	1,458,810	1,911	1.31	1,606	1.10	305	.21	1,215	.83	1,058	.73	157	.10
1930	1,560,120	2,015	1.29	1,623	1.04	392	.25	1,164	.75	981	.63	183	.12
1931	1,639,300	2,120	1.29	1,749	1.07	371	.22	1,160	.71	989	.60	171	.11
1932	1,702,530	2,108	1.24	1,733	1.02	375	.22	1,144	.67	965	.57	179	.10
1933	1,756,820	2,082	1.19	1,750	1.00	332	.19	1,224	.70	1,046	.60	178	.10
1934	1,810,200	2,098	1.16	1,767	0.98	331	.18	1,266	.70	1,086	.60	180	.10
1935	1,866,800	2,151	1.15	1,826	0.98	325	.17	1,187	.64	1,028	.55	159	.09
1936	1,940,400	2,151	1.11	1,833	0.94	318	.17	1,257	.65	1,096	.56	161	.09
1937	2,014,500	2,312	1.15	1,932	0.96	380	.19	1,177	.58	1,008	.50	169	.08
1938	2,058,300	2,469	1.20	2,048	0.99	421	.21	1,109	.54	932	.45	177	.09
1939	2,056,100	2,313	1.12	1,952	0.95	361	.17	1,174	.57	1,012	.49	162	.08
1940	1,952,100	2,410	1.23	2,043	1.04	367	.19	1,217	.62	1,055	.54	162	.08
1941	1,874,900	2,804	1.49	2,435	1.29	369	.20	1,326	.70	1,154	.61	172	.09
1942	1,929,900	3,081	1.60	2,617	1.36	468	.24	1,204	.62	1,040	.54	164	.08
1943	1,938,000	3,110	1.60	2,675	1.38	435	.22	1,191	.61	1,042	.54	149	.07
1944	1,902,500	2,944	1.54	2,595	1.36	349	.18	1,066	.56	920	.48	146	.08
1945	1,958,000	2,879	1.47	2,504	1.28	375	.19	1,035	.53	900	.46	135	.07
1946	2,178,010	3,018	1.38	2,668	1.22	350	.16	1,039	.48	894	.41	145	.07
1947	2,248,180	3,010	1.34	2,704	1.20	306	.14	962	.43	855	.38	107	.05
1948	2,262,700	3,185	1.41	2,828	1.25	357	.16	907	.40	790	.35	117	.05
1949	2,273,180	3,021	1.33	2,746	1.21	275	.12	852	.38	765	.34	87	.04
1950	2,287,390*	2,776	1.21	2,477	1.08	299	.13	622	.27	567	.25	55	.02
1951	2,268,000*	2,727	1.20	2,416	1.07	311	.14	582	.26	528	.23	54	.02

All rates are per 1,000 population.

*Home population.

Venereal Disease.

TABLE 20.

MIDDLESEX PATIENTS TREATED AT HOSPITALS.

Number of persons dealt with at Clinics for the first time and found to be suffering from	1946.	1947.	1948.	1949.	1950.	1951.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Syphilis	705	682	533	385	356	279
Gonorrhoea	1,116	838	725	539	485	426
Other Conditions	4,859	4,297	4,400	3,860	3,925	3,029
Totals	6,680	5,817	5,658	4,784	4,766	3,734

Health Control of Airports.

TABLE 21.

WORK CARRIED OUT IN 1951.

(1)	London Airport.	Northolt Airport.
(2)	(3)	
Total number of planes arriving	8,800	7,533
Number of passengers examined:—		
British	118,013	72,510
Aliens	81,920	31,363
Total	199,933	103,873
Number of planes issued with Disinsectisation Certificates ...	2,438	—
Number of passengers arriving sick and treated	189	56
Number of sick passengers needing ambulance or car arrange- ments	388	130
Number of vaccinations carried out	117	7
Number of aliens inspected under aliens order	359	365
Number of aliens refused entry on medical certificate	2	—
Number of notifications sent to Medical Officers of Health for surveillance of passengers	24	14

TABLE 22.

Place of departure of planes arriving at London Airport.	1st January to 30th June, 1951. Number of		1st July to 31st December, 1951. Number of		Total, 1951.	
	Aircraft.	Passengers.	Aircraft.	Passengers.	Aircraft.	Passengers.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
From Far East or Persia ...	746	17,193	782	17,053	1,528	34,246
From Middle East or South Africa	436	11,154	496	11,595	932	22,749
From South America, South Atlantic or West Africa ...	343	8,687	334	7,046	677	15,733
From North Atlantic or North America	722	21,570	884	24,627	1,606	46,197
From Continent	1,923	36,739	2,134	44,269	4,057	81,008
Total	4,170	95,343	4,630	104,590	8,800	199,933

The following table sets out the number of passengers on aircraft arriving at London and Northolt Airports from the Continent and North Atlantic who commenced their journeys from other areas.

TABLE 23.

Area in which passengers commenced journey.	Number of passengers, who commenced their journeys from other areas, arriving in aircraft from :—			
	Continent.		North Atlantic.	
	London.	Northolt.	London.	Northolt.
(1)	(2)	(3)	(4)	(5)
Far East or Persia	1,113	677	1,409	—
Middle East or South Africa	526	2,621	70	—
South Atlantic, South America or West Africa	174	148	1,175	—
Total	1,813	3,446	2,654	—

Maternal and Child Care.

TABLE 24.

ANTE-NATAL CLINICS PROVIDED BY COUNTY COUNCIL.

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1951.
			Number of women who attended during the year 1951.	Number of new cases included in column (4) <i>i.e.</i> who had not previously attended an ante-natal clinic during current pregnancy.	
(1)	(2)	(3)	(4)	(5)	(6)
1	6	54	1,954	1,594	11,457
2	8	44	1,242	1,077	7,361
3	9	86	3,435	2,439	16,999
4	7	67	1,769	1,420	8,696
5	15	72	2,093	1,619	9,121
6	11	96	3,306	2,734	14,747
7	11	78	3,182	2,611	16,942
8	13	74	2,115	1,685	9,664
9	8	46	1,649	1,301	7,869
10	13	75	1,940	1,636	8,386
COUNTY	101	692	22,685	18,116	111,242

TABLE 25.

POST-NATAL CLINICS PROVIDED BY COUNTY COUNCIL.

Area.	Number of clinics provided at end of year (whether held at infant welfare centres or other premises).	Number of sessions held per month at clinics included in column (2).	Number of women in attendance.		Total number of attendances made by women included in column (4) during the year 1951.
			Number of women who attended during the year 1951.	Number of new cases included in column (4) <i>i.e.</i> who had not previously attended a post-natal clinic after last confinement.	
(1)	(2)	(3)	(4)	(5)	(6)
1	5	7	648 (26)	648 (26)	1,257 (26)
2	—	—	426 (426)	416 (416)	480 (480)
3	—	—	1,330 (1,330)	1,330 (1,330)	1,332 (1,332)
4	—	—	224 (224)	175 (175)	235 (235)
5	—	—	239 (239)	239 (239)	239 (239)
6	4	5	656 (310)	633 (307)	855 (310)
7	—	—	207 (207)	202 (202)	231 (231)
8	1	1	314 (269)	281 (249)	389 (315)
9	—	—	169 (146)	168 (146)	195 (170)
10	—	—	336 (336)	325 (325)	383 (383)
COUNTY	10	13	4,549 (3,513)	4,417 (3,415)	5,596 (3,721)

The figures in brackets indicate the number of women examined post-natally at ante-natal clinics, and are included in the main post-natal figures.

TABLE 26

INFANT WELFARE CENTRES PROVIDED BY COUNTY COUNCIL

Area	(1)	(2)	(3)	(4)	Number of children who first attended the centres during the year 1951, and who on the date of their first attendance were :—		Number of children in attendance at end of year who were then		Total number of attendances made by children included in column (4) during the year.	
					Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Over 1 year of age.
				(4)	(5)	(6)	(7)	(8)	(9)	(10)
1		11	92	9,100	2,562	499	2,497	5,736	38,993	26,030
2		15	112	7,371	2,005	444	1,726	4,902	31,302	23,359
3		9	162	9,993	2,754	453	2,392	6,564	37,759	18,613
4		15	148	9,872	2,370	723	2,280	7,040	43,812	30,638
5		15	126	8,372	2,410	1,307	2,290	5,474	37,155	14,725
6		11	193	8,565	3,352	515	2,962	4,204	50,541	18,633
7		15	157	11,447	3,081	536	2,610	7,941	48,101	21,291
8		19	159	9,215	2,765	634	2,468	6,485	49,180	25,861
9		9	96	7,695	2,221	426	2,165	4,734	36,124	16,547
10		16	182	9,163	2,886	990	2,588	5,734	46,354	29,969
COUNTY ...		135	1,427	90,793	26,406	6,527	23,978	58,814	418,321	225,666

NOTE.—In addition to the above, the County Council provides a health visitor for one session per week for an infant welfare clinic held at Queen Charlotte's Hospital. 110 Middlesex children attended this clinic during the year; 37 under one on the date of first attendance and 1 over one attended for the first time during the year; at the end of the year 33 under one and 66 over one were in attendance; and during the year 463 attendances were made by children under one and 222 by those over one.

TABLE 27

PRIORITY DENTAL SERVICE 1951
EXPECTANT AND NURSING MOTHERS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Scalings or scaling and gum treatment.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	469	457	388	316	905	842	72	245	286	115	105	6	38	63
2	153	151	151	78	545	308	53	78	349	133	91	9	18	18
3	43	42	37	21	104	53	10	9	35	16	6	—	7	7
4	213	190	278	126	1,195	528	89	133	535	88	273	71	56	53
5	237	234	237	150	730	329	45	97	407	64	175	4	24	34
6	789	761	646	341	2,381	761	186	211	1,236	456	328	43	31	90
7	623	611	529	375	1,735	761	318	191	829	333	266	42	53	104
8	441	339	430	228	1,374	769	148	155	547	142	188	30	56	58
9	297	296	316	184	1,227	604	56	176	652	116	177	36	49	60
10	259	203	333	233	1,646	798	176	139	725	228	191	148	75	108
COUNTY ...	3,524	3,284	3,345	2,052	11,842	5,753	1,153	1,434	5,601	1,691	1,800	389	407	595

CHILDREN UNDER FIVE YEARS

AREA.	Examined.	Needing treatment.	Treated.	Made dentally fit.	Attendances for treatment.	Extractions.	Anaesthetics.		Fillings.	Silver nitrate dressings.	Dressings.	Radiographs.	Dentures provided.	
							Local.	General.					Complete.	Partial.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1	917	877	843	425	1,163	1,201	20	609	14	1,630	6	—	—	—
2	600	562	582	466	1,091	524	29	265	666	731	300	4	—	—
3	889	824	715	462	1,663	793	196	275	1,005	944	687	2	—	—
4	703	592	685	309	1,722	848	10	441	1,033	237	403	8	—	—
5	747	716	672	635	1,412	539	9	254	1,171	676	329	1	—	—
6	1,511	1,410	1,281	1,090	3,060	1,489	21	706	2,175	897	505	10	—	—
7	1,132	1,072	987	842	1,819	1,372	14	504	882	563	627	—	—	—
8	910	435	809	710	1,845	675	111	300	1,095	833	328	7	—	—
9	807	723	728	410	1,270	1,120	3	564	245	1,063	124	—	—	—
10	617	338	548	459	1,595	1,011	19	475	884	400	270	14	—	—
COUNTY ...	8,833	7,549	7,850	5,808	16,640	9,572	432	4,393	9,170	7,974	3,579	46	—	—

TABLE 28

CARE OF PREMATURE INFANTS

Area.	Number of premature babies born in the County (whether their mothers normally reside in the County or not) but <i>excluding</i> babies born in maternity homes or hospitals in the National Health Service.		Number of those born at home who were nursed entirely at home.	Number of those born at home and nursed entirely at home, who died during the first 24 hours.	Number of those born at home and nursed entirely at home, who survived at the end of 28 days.	Number of those born and nursed entirely in nursing homes who died during the first 24 hours.	Number of those born and nursed entirely in nursing homes who survived at the end of 28 days.
	Born at home.	Born in private nursing homes.	(4)	(5)	(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	31	6	27	—	27	1	5
2	29	8	24	—	24	—	7
3	24	1	20	1	18	—	1
4	19	26	19	—	16	2	22
5	33	17	31	4	26	3	13
6	33	2	28	1	27	—	2
7	25	7	16	—	16	—	6
8	41	—	38	1	34	—	—
9	35	1	29	—	29	—	1
10	41	9	32	1	29	—	9
COUNTY ...	311	77	264	8	246	6	66

TABLE 29

MOTHER AND BABY HOMES

Name and address of home or hostel.	Number of beds.				Average length of stay.	
	Total beds (excluding maternity and labour and cots).	Maternity (excluding labour and isolation).	Labour beds.	Cots.	Ante-natal.	Post-natal.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
<i>A.—Provided by the County Council.</i>						
“Amherst Lodge,” 47, Amherst Road, Ealing, W.13	24	—	—	11	5 weeks	8 weeks
“Belle Vue,” 167, Willesden Lane, Kilburn, N.W.6	12	—	—	12	—	7 weeks
<i>B.—Provided or used by Voluntary Organisations with which the County Council makes arrangements under Section 22.</i>						
“Maryland,” The Downage, Hendon, N.W.4	14	—	—	14	—	5 weeks
“The Heath,” 16, The Park, Golders Green, N.W.11	14	—	—	—	4 weeks	—

Total number of women admitted during the year to homes and hostels shown above (ignoring re-admissions after confinement) 313

Number of admissions for which the County Council was responsible ... 308

Number of cases sent by the County Council during the year to mother and baby homes other than those mentioned above :—

Expectant mothers 185

Post-natal cases 37

TABLE 30

DAY NURSERIES PROVIDED BY COUNTY COUNCIL AS AT 31ST DECEMBER, 1951

Area.	Number.	Number of approved places.		Number of children on the register at the end of the year.		Average daily attendance during the year.	
		0-2	2-5	0-2	2-5	0-2	2-5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1	7	149	264	80	191	64	195
2	3	54	86	19	90	20	79
3	6	112	208	114	232	85	177
4	8	165	265	94	259	82	231
5	4	53	167	85	146	66	118
6	14	320	346	243	434	183	368
7	11	198	423	153	359	107	325
8	10	106	426	93	424	76	373
9	9	178	238	92	238	79	224
10	9	156	379	46	199	54	230
COUNTY ...	81	1,491	2,802	1,019	2,572	811	2,317

Midwifery

TABLE 31

Number of midwives practising in Middlesex at 31st December, 1951.

Area.	Midwives employed by the County Council.			Midwives employed by voluntary organisations.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.			Midwives in private practice (including midwives employed in nursing homes).			Totals.		
				Under arrangements with the Local Health Authority, in pursuance of Section 23 of the National Health Service Act.			Otherwise (including hospitals not transferred to the Minister under the National Health Service Act).											
	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.	Domiciliary midwives.	Midwives in institutions.	Total.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1	24 (1)	—	24 (1)	—	—	—	—	—	—	—	68	68	1	6	7	25 (1)	74	99 (1)
2	12 (1) [1]	—	12 (1) [1]	—	—	—	—	—	—	—	3	3	5	8	13	17 (1) [1]	11	28 (1) [1]
3	16 (1)	—	16 (1)	—	—	—	—	—	—	3	7	10	4	6	10	23 (1)	13	36 (1)
4	16 (2) [5]	—	16 (2) [5]	—	—	—	1	—	1	1	50	51	8	9	17	26 (2) [5]	59	85 (2) [5]
5	17 (1)	—	17 (1)	—	—	—	—	—	—	—	—	—	—	9	9	17 (1)	9	26 (1)
6	15 (1) [1]	—	15 (1) [1]	2	—	2	—	—	—	—	44	44	—	1	1	17 (1) [1]	45	62 (1) [1]
7	11 (1)	—	11 (1)	—	—	—	—	—	—	1	15	16	2	17	19	14 (1)	32	46 (1)
8	19 (1) [1]	—	19 (1) [1]	—	—	—	—	—	—	—	31	31	4	2	6	23 (1) [1]	33	56 (1) [1]
9	12 (1)	—	12 (1)	—	—	—	—	—	—	5	56	61	3	1	4	20 (1)	57	77 (1)
10	19 (1)	—	19 (1)	—	—	—	—	—	—	—	12	12	—	13	13	19 (1)	25	44 (1)
COUNTY	161 (11) [8]	—	161 (11) [8]	2	—	2	1	—	1	10	286	296	27	72	99	201 (11) [8]	358	559 (11) [8]

The figures in parentheses () show the number of supervisors. The figures in brackets [] relate to part-time midwives. All figures in brackets and parentheses are included in main totals.

TABLE 32

Area.	Number of maternity cases in the County attended by midwives during the year ended 31st December, 1951.																																			
	Midwives employed by the County Council.						Midwives employed by voluntary organisations.						Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act.						Midwives in private practice (including midwives employed in nursing homes).						Totals.											
							Under arrangements with the Local Health Authority, in pursuance of Section 23 of the National Health Service Act.			Otherwise (including hospitals not transferred to the Minister under the National Health Service Act).																										
	Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.		Domiciliary cases.		Cases in institutions.		Total.	
(1)	(2)		(3)		(4)		(5)		(6)		(7)		(8)		(9)		(10)		(11)		(12)		(13)		(14)		(15)		(16)		(17)		(18)		(19)	
	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.	1.	2.		
1	729	219	—	—	729	219	—	—	—	—	—	—	—	—	—	—	2	—	2,570	8	2,572	8	—	—	142	17	142	17	731	219	2,712	25	3,443	244		
2	247	231	—	—	247	231	—	—	—	—	—	—	—	—	—	—	3	—	—	—	3	—	1	7	30	226	31	233	251	238	30	226	281	464		
3	589	71	—	—	589	71	—	—	—	—	—	—	—	—	—	—	14	—	615	9	629	9	4	—	36	24	40	24	607	71	651	33	1,258	104		
4	326	140	—	—	326	140	—	—	—	—	—	—	—	—	—	—	—	—	1,949	388	1,949	388	—	1	—	79	—	80	326	145	1,949	467	2,275	612		
5	596	156	—	—	596	156	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	38	158	315	159	353	597	194	158	315	755	509		
6	505	67	—	—	505	67	—	73	—	—	—	73	—	4	—	—	4	34	—	2,836	211	2,870	211	—	—	—	12	—	12	539	140	2,836	223	3,375	363	
7	285	97	—	—	285	97	—	—	—	—	—	—	—	—	—	—	193	9	1,039	131	1,132	140	—	4	2	328	2	332	478	110	1,041	459	1,519	569		
8	709	232	—	—	709	232	—	—	—	—	—	—	—	—	—	—	—	—	1,842	369	1,842	369	16	25	—	22	16	47	725	257	1,842	391	2,567	648		
9	341	36	—	—	341	36	—	—	—	—	—	—	—	—	—	—	118	14	2,877	299	2,993	313	28	8	5	36	33	44	487	58	2,882	335	3,369	393		
10	621	289	—	—	621	289	—	—	—	—	—	—	—	—	—	—	—	—	555	69	555	69	—	4	—	101	4	101	621	293	555	170	1,176	463		
Total ...	4,948	1,538	—	—	4,948	1,538	—	73	—	—	—	73	—	4	—	—	4	364	23	14,283	1,484	14,647	1,507	50	87	373	1,160	423	1,247	5,362	1,725	14,656	2,644	20,018	4,369	

1. As midwives.

2. As maternity nurses.

TABLE 33

ADMINISTRATION OF ANALGESICS

Area.	Number of midwives in practice in the County qualified to administer analgesics in accordance with the requirements of the Central Midwives Board.			Number of sets of apparatus for the administration of analgesics in use by domiciliary midwives employed by the County Council or employed by voluntary organisations in the County.	Number of cases in which analgesics were administered by midwives in domiciliary practice during the year.	
	Domiciliary.	In Institutions.	Total.		Gas and Air.	Pethidine.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	24	52	76	15	666	173
2	11	7	18	11	358	109
3	15	9	24	8	398	69
4	16	53	69	16	414	193
5	16	2	18	18	681	140
6	16	43	59	14	480	121
7	11	29	40	14	511	132
8	21	30	51	18	739	167
9	17	54	71	16	342	97
10	18	17	35	18	715	196
COUNTY ...	165	296	461	148	5,304	1,397

Health Visiting

TABLE 34

Area.	Number of health visitors employed at end of year.		Equivalent of whole-time services devoted by health visitors included in columns (2) and (3) to health visiting (all classes including attendance at infant welfare centres.)	Number of visits paid by health visitors during the year.									
	Whole-time on health visiting.	Part-time on health visiting.		Expectant mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.		Other classes.		All classes.	
				First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.	First visits.	Total visits.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1	1	20 (2)	15·9	625	808	2,981	10,826	513	16,963	943	4,541	5,062	33,138
2	—	23 (2)	13·8	609	1,399	1,964	9,748	202	17,839	481	1,816	3,256	30,802
3	—	28 (2)	16·2	1,721	4,544	3,158	13,825	27	18,146	1,974	5,620	6,880	42,135
4	—	27 (2)	14·3	457	836	2,764	10,582	109	15,869	504	2,272	3,834	29,559
5	—	18 (2)	14·0	830	1,069	3,042	8,219	316	13,737	1,587	1,599	5,775	24,624
6	—	36 (3)	25·0	2,187	3,884	4,240	16,459	915	23,095	5,242	7,899	12,584	51,337
7	—	27 (2)	18·5	1,240	1,747	3,364	15,154	155	23,402	1,150	2,346	5,909	42,649
8	—	26 (2)	10·9	1,271	2,210	2,978	13,406	203	16,867	417	2,834	4,869	35,317
9	—	26 (2)	13·7	909	1,491	2,453	12,227	517	23,186	1,165	3,802	5,044	40,706
10	—	29 (2)	19·2	962	1,484	3,526	15,311	349	23,738	377	5,112	5,214	45,645
COUNTY ...	1	260 (21)	161·5	10,811	19,472	30,470	125,757	3,306	192,842	13,840	37,841	58,427	375,912

Figures in parenthesis relate to superintendents and deputy superintendents included in the total.

Home Nursing

TABLE 35

Areas.	Number of home nurses employed at 31st December, 1951.		Equivalent of whole-time services devoted by home nurses included in columns (2) and (3) to home nursing.	Number of visits paid by home nurses during the year.	Number of cases attended by home nurses during the year.
	Whole-time on home nursing.	Part-time on home nursing.			
(1)	(2)	(3)	(4)	(5)	(6)
1	21	4 (1)	24·1	63,808	2,992
2	19	4 (1)	21·1	64,835	3,323
3	14 (1)	17 (1)	25·4	62,304	2,744
4	16	22 (1)	25·7	88,702	4,080
5	13 (1)	14 (1)	21·0	62,691	3,548
6	9 (1) [23]	7 (1) [8]	11·8 [27]	32,516 [103,551]	1,327 [4,525]
7	30 (1)	9 (1)	32·7	105,281	5,726
8	25	7 (1)	24·1	73,765	2,863
9	27 (1)	2 (1)	27·6	77,452	3,098
10	22	2	23·3	75,363	4,720
County ...	196 (5) [23]	88 (9) [8]	236·8 [27]	706,717 [103,551]	34,421 [4,525]

The figures in parenthesis relate to supervisors and are included in the total.

The figures in brackets [Area 6] relate to home nurses employed by the Willesden District Nursing Association.

Domestic Help

TABLE 36

Area.	Number of home helps employed at 31st December, 1951.		Number of cases in which domestic help was provided during the year.
	Whole-time.	Part-time.	
(1)	(2)	(3)	(4)
1	15	151	869
2	10	112	1,022
3	14	131	1,345
4	8	80	1,029
5	19	82	971
6	8	124	1,341
7	14	192	1,227
8	33	121	969
9	35	149	1,279
10	11	140	1,087
COUNTY ...	167	1,282	11,139

Mental Deficiency

TABLE 37

Ascertainment—1951.

	Males.	Females.	Total.
(a) Cases reported by Local Education Authorities (Section 57 Education Act, 1944):—			
(i) Under Section 57 (3)	88	70	158
(ii) Under Section 57 (5)—			
On leaving special schools	37	31	68
On leaving ordinary schools	7	8	15
(iii) Under Section 57 (4)	—	2	2
(b) Cases reported by the police or by the Courts	24	4	28
(c) Cases reported otherwise	69	87	156
Total number of cases reported during the year	225	202	427

TABLE 38

Disposal of Cases reported during the year

	Males.	Females.	Total.
(a) Ascertained defectives found to be “ subject to be dealt with ”:—			
(i) Admitted to institutions	7	9	16
(ii) Placed under guardianship	1	—	1
(iii) Taken to “ place of safety ”	2	3	5
(iv) Placed under statutory supervision	131	113	244
(v) Died or removed from area	5	—	5
(vi) Action not yet taken	25	24	49
Total ascertained defectives found to be “ subject to be dealt with ” during the year	171	149	320
(b) Cases not at present “ subject to be dealt with ”:—			
(i) Placed under voluntary supervision	11	14	25
(ii) Later found not to be defective	26	15	41
(iii) Died or removed from area	4	7	11
(iv) Action unnecessary	13	17	30
(v) Action not yet taken	—	—	—
Total cases not at present “ subject to be dealt with ”	54	53	107

TABLE 39

Particulars of mental defectives on registers at 1st January, 1952

	Males.	Females.	Total.
(i) Number of ascertained mental defectives found to be " subject to be dealt with " :—			
(a) Under guardianship (under orders)—			
Under 16 years of age	19	12	31
Aged 16 years and over	206	250	456
(b) In " places of safety "	13	8	21
(c) Under statutory supervision—			
Under 16 years of age	378	290	668
Aged 16 years and over	578	507	1,085
(d) Action not yet taken under any one of the above headings	25	24	49
(e) Number of cases included in (a) to (d) above, awaiting removal to an institution	245	174	419
(ii) Number of patients under voluntary supervision :—			
Under 16 years of age	4	8	12
Aged 16 years and over	382	498	880

TABLE 40
Guardianship

Number of cases admitted to guardianship orders—	
By petition	3
By Order of the Court	2
Total	5
Number of cases transferred—	
From one guardian to another	28
From guardianship to Institution	20
Total	48
Number of cases discharged from guardianship orders—	
By operation of law	14
By authority of the Board of Control	5
Total	19
Number of leaves of absence granted	75
Number of orders reconsidered and confirmed... ..	82
Number of cases transferred to Lunacy Act	1
Number of deaths... ..	9

TABLE 41
Institutional Care

Number of cases admitted to institutions during 1951	...	...	...	...	...	110
Number of cases in institutions on 31st December, 1951	...	...	...	...	...	2,440
Number of detention orders obtained (Section 6)	...	...	...	...	...	87
Number of cases detained by court order (Section 8)	...	...	...	...	...	8
Number of cases detained by Home Office order (Section 9)	...	...	...	...	...	2
Number of cases admitted under Section 3 orders	...	...	...	...	...	13
Number of cases admitted to places of safety ...	...	...	...	...	...	88
Number of cases discharged from orders	...	...	...	...	...	62
Number of cases discharged from places of safety	...	...	...	...	...	28
Number of cases transferred from one institution to another	...	...	...	...	...	17
Number of cases transferred from one place of safety to another	...	...	...	...	...	4
Number of cases transferred to Lunacy Acts ...	...	...	...	...	...	3
Number of holiday leaves of absence granted ...	...	...	...	...	...	543
Number of revisions of detention orders (home conditions reports)	...	...	...	...	...	776
Number of cases on licence as at 1st January, 1952	...	...	...	...	...	97
Number of deaths	...	...	...	...	...	39

TABLE 42
LUNACY AND MENTAL TREATMENT ACTS

Total number of visits made by mental welfare officers (duly authorised) for all areas	...	13,057
Admissions to mental hospital by mental welfare officers (duly authorised) and later certified ...	...	1,080
Admissions to mental hospital by mental welfare officers (duly authorised) under temporary certification...	...	201
Admissions of voluntary patients to mental hospitals assisted by mental welfare officers (duly authorised)	...	862

Ambulance Service

TABLE 43

*Analysis of how patients were carried**By Directly Provided Services.*

(i) Accident and emergency calls	...	...	...	...	...	24,730	
(ii) Other removals	...	...	...	...	...	531,779	
							556,509

By Supplementary Services.

(i) British Red Cross—Home Ambulance and Civilian Invalid Transport	...	...	...	...	...	6,180	
(ii) Hospital Car Service	...	...	...	...	...	202,205	
(iii) St. John Ambulance Brigade	...	...	...	...	...	—
(iv) Railways	...	...	...	...	...	418	
(v) Hired Cars and Coaches	...	...	...	...	...	20,102	
(vi) Mental cases transported by Mental Welfare Officer	...	...	...	...	...	1,120	
(vii) Other Ambulance Authorities	...	...	...	...	...	28	
							230,053
							786,562

Mileage Analysis

(i) By County Service Vehicles	...	...	...	...	...	3,179,458	
(ii) British Red Cross Home Ambulance, Civilian Invalid Transport: St. John Ambulance Brigade: and other Ambulance Authorities	...	...	...	...	...	37,703	
(iii) Hospital Car Service	...	...	...	...	...	1,592,787	
(iv) Hired Vehicles	...	...	...	...	...	288,587	
(v) Mental cases transported by Mental Welfare Officer	...	...	...	...	...	27,844	
							5,126,379

COST OF SUPPLEMENTARY SERVICES

	£	s.	d.
Hospital Car Service	34,937	16	7
Hired Cars and Coaches	13,887	5	4
British Red Cross—Home Ambulance and Civilian Invalid Transport	2,156	15	3
St. John Ambulance Brigade	—		
Other Authorities (Section 27)	163	10	6
	£51,145	7	8

ESTABLISHMENT OF DRIVER-ATTENDANTS

Approved establishment of driver-attendants on 1st January	...	...	535	} Deficiency = 6
Actual strength on 1st January	...	...	529	
Actual strength on 31st December, 1951	...	...	514	Deficiency = 21

CONTRACTS FOR VEHICLES

During the year the County Council approved the following purchases of vehicles:—

13 15-cwt. Morris Vans, to be converted for use as sitting case vehicles, providing one stretcher and four sitting cases.

10 Morris Ambulance Chassis to be fitted with new ambulance bodies.

The above vehicles were required as replacements for ambulances and cars which had long past their economic and efficient life and were no longer fit for service.

VEHICLES DELIVERED

(a) <i>Ambulances.</i>							
New Ambulance bodies on new chassis	...	...	...	...	...	18	
New Ambulance bodies on reconditioned chassis	...	...	...	...	...	10	
(b) <i>Sitting case Vehicles.</i>							
New sitting case vehicles	...	...	...	...	...	12	

MODIFICATION TO THE PROPOSALS (APPROVED BY THE MINISTER ON 21st JUNE, 1948) OF THE MIDDLESEX COUNTY COUNCIL FOR CARRYING OUT THEIR DUTY UNDER SECTION 22 OF THE NATIONAL HEALTH SERVICE ACT, 1946

PART III

Day Nurseries.

Delete paragraph.

Substitute the following.

DAY NURSERIES

That there shall continue to be a Day Nursery Service based on the following principles:—

(A) *Children under 2 years of age.*

That, as a general rule, children under 2 years of age shall not be admitted save in exceptional circumstances, namely:—

(a) where mothers are unsupported (for example, unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and where the mothers are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day;

(b) where the home conditions are in themselves unsatisfactory from the health point of view;

(c) where mothers are incapable for some good reason of undertaking the full care of their children.

(B) *Children from 2–5 years of age.*

(a) Children from 2–5 years of age will be accepted provided:—

(i) that their mothers are unsupported (for example, unmarried, widowed, divorced or separated) and must necessarily go out to work to provide support for themselves and their children and are anxious to keep their babies with them but cannot do so without some provision for the babies' care during the day; or

(ii) that the home conditions are in themselves unsatisfactory from the health point of view.

(b) Other cases of children from 2–5 years of age will be accepted subject to accommodation being available after cases coming within categories (B) (a) (i) and (ii) foregoing have been dealt with. Such cases will only be admitted after consideration of the circumstances. Special consideration will be given to cases in which the combined income is low.

(c) In addition to the requirements in (B) (a) and (b) foregoing the following considerations must also be fulfilled, so far as they are not incompatible:—

(i) That there are no other satisfactory means of caring for the child.

(ii) That it will not be detrimental to the health of the child to be admitted.

(iii) That the placing of the child is necessary to assist in its support.

(iv) That any mother desirous of placing her child in a nursery by reason of her employment, must engage in employment for at least 30 hours per week.

(C) In addition arrangements will be made by administrative rules for admission of cases in which there are special circumstances not covered by (A) and (B) (a) above.

HEALTH AREA No. 3

The following extracts from the Report of the Area Medical Officer, Dr. G. Hamilton Hogben, for the year 1951 to No. 3 Local Area Committee, deal with the operation in the Area of those Part III services whose day-to-day administration has been delegated by the County Council to Area Committees.

Care of Mothers and Young Children (Section 22)

Tottenham and Hornsey provide a comprehensive health service for expectant and nursing mothers and their children from birth until they enter school.

Care of the Expectant Mother.

The aim of this service is to promote the mental and physical well being of the mother from early pregnancy until the confinement. The team of doctor, health visitor and midwife works together in all the ante-natal clinics to this end and co-operates with the general practitioner, the obstetric consultants of the Regional Hospital Boards and the hospital almoners.

Through the local health service, arrangements for domiciliary confinement or the reservation of a hospital bed on medical or social grounds are made for each expectant mother, whilst ante-natal examinations are carried out in one of the local clinics. This saves unnecessary travelling, frees the mother from anxiety and conserves her energy. The system of card reports on ante-natal care and confinement which has operated successfully with the North Middlesex Hospital was at our request extended to the Clapton Mothers' Hospital during 1951. The services of a home help, if required, are available for all domiciliary confinements and, where necessary, day nursery accommodation can be provided as a temporary measure for pre-school children during the mother's confinement and puerperium.

In the ante-natal clinic each expectant mother has a specimen of blood taken for examination by the National Laboratory Service and appointments can be made for X-ray examination and special treatments including dental care.

Ambulance conveyance from home to the clinic is arranged when it is required.

The health visitor sees the mother at the clinic and in her home to advise on the availability of the various services and to discuss the solution of her problems.

Relaxation Classes for Expectant Mothers.

These are now operating in five clinics. Instruction in three clinics is given by a health visitor and in two others by a physiotherapist. The purpose of these classes is to show the mother how to practise muscular relaxation which can be so beneficial to her in labour and conducive to natural childbirth. The classes are popular and mothers often return after the puerperium to receive advice on post-natal exercises.

Mothercraft Classes.

These are held in five clinics and are mainly for mothers who are expecting their first baby. Education in mothercraft is given by health visitors' talks and demonstrations. Discussion and questions follow and add to the value of the classes. Tea is also provided.

Post-natal Care.

Each mother is encouraged to visit the clinic to receive a post-natal examination by the doctor who was responsible for the ante-natal care. The examination is made approximately six weeks after confinement and this is an important feature of the health service which is intended to ensure that disabilities which may result from childbirth should be remedied at once in order to prevent the impairment of the health of the mother in future years.

There is a trend in ante-natal work towards more hospital confinements and more supervision by hospital staff.

Child Welfare Centres.

The following centres are under the control of the Area Health Committee:—

1. Medical Centre, Lordship Lane, N.17.
2. Medical Centre, Park Lane, N.17.
3. The Chestnuts, St. Anns Road, N.15.
4. School Clinic, Cornwall Road, N.15.
5. Medical Centre, rear of Hornsey Town Hall, N.8.
6. Welfare Centre, Burgoyne Road, N.4.
7. Welfare Centre, Church Road, N.6.
8. Welfare Centre, 162, Stroud Green Road, N.4.
9. Welfare Centre, Mildura Court, N.8.
10. Welfare Centre, Electricity Showrooms, Fortis Green, N.10.

Of the above centres, Nos. 1, 2, 5, 8 and 9 were especially designed for the purpose, No. 4 is a prefabricated building, while the remaining centres have been adapted from buildings which were originally designed for quite different functions.

Health Area No. 3.

In addition, the following school clinics are under the control of the Hornsey Divisional Executive:—

1. School Clinic, 41, Coldfall Avenue, N.10.
2. School Clinic, Campsbourne School, N.8.

The scope of the work carried on at the above centres is shown by the following table:—

<i>Type of Clinics</i>					<i>No. of sessions per week</i>
Dental	...	...	...	...	52½
Minor Ailments	...	...	...	...	36
Infant Welfare	...	...	...	...	32
Ante-natal	...	...	...	...	20¾
Speech Therapy	...	...	...	...	18½
Physiotherapy	...	...	...	...	13
Toddlers	...	...	...	...	8
Ophthalmic	...	...	...	...	5
Aural	...	...	...	...	5
Midwives	...	...	...	...	5
Chiropody	...	...	...	...	5
Immunisation	...	...	...	...	4½
Orthoptic...	...	...	...	...	4
Mothercraft	...	...	...	...	5
Ante-natal exercises	...	...	...	...	2
Orthopaedic	...	...	...	...	1
					217¼

Official Opening of Mildura Court Welfare Centre, Hornsey.

This centre was officially opened by the then Chairman of the County Health Committee (County Alderman Mr. F. E. Harmsworth) on the 31st March, 1951. It is incorporated in Mildura Court, a block of flats erected by Hornsey Borough Council, and is on the quietest part of the site. It comprises an entrance hall, waiting hall, weighing room with dressing cubicles and rooms for the doctor, health visitor, toddlers and staff, together with lavatories, testing room, &c. The main rooms have folding partitions so that they may be used separately or thrown into one. An outside pram shelter is also provided.

This attractive modern clinic is a welcome addition to the existing maternity and child welfare centres of Hornsey.

Accommodation temporarily occupied for clinic purposes at the Campsbourne Institute was vacated in June, 1951.

Infant Welfare Clinics.

These are held in nine centres and are well attended. This reflects favourably on the work of the health visitor especially regarding the attendance of new babies. Here in addition to home visiting, the supervision of the health of babies and young children and advice to their mothers is given by health visitors and doctors specially qualified in child health.

The regular weighing and physical examination does much to reassure the mother regarding the normal development and progress and has probably contributed to the satisfactory condition of most young children in the Area.

When the child reaches five years of age, the medical and health visiting records become available for the school medical officer when the child is medically examined as a school entrant.

The progress of infant welfare has steadily advanced in the course of the years and it is stimulating to observe the awareness of the general public and paediatric departments of hospitals. Interchange of clinic and hospital doctors and attendance of a health visitor at certain sessions has been of mutual benefit to both sections of the health service.

Toddlers' Clinics.

Toddlers' clinics were inaugurated in Tottenham in 1938 and are now operating in eight welfare centres in the Area.

Their object is to ensure the periodic physical examination of children from two to five years of age who are not regular attenders at clinics, day nurseries, nursery schools or nursery classes.

All the children are seen by appointment except in a minority of cases where special advice is urgently required.

Health Area No. 3.

Routine medical examination of children in this group is appreciated by parents who invariably write to ask for another appointment if for any reason they are unable to keep the one assigned to them. Attendance ensures early detection and correction, before the child enters school, of defects or disorders which might otherwise become more serious.

Statistics.

No attempt has been made in this report to analyse the statistical data with a view to assessing what effect the aims and objects of the National Health Service Act as a whole have had on the local health authority services. For guidance as to future staffing needs, and the expansion or contraction of existing services, research is urgently required into the data as set out.

The following tables of notification of births, maternal deaths, and care of mothers and young children include figures relating to preceding years for comparative purposes.

TABLE 1
NOTIFICATION OF BIRTHS

	1947.	1949.	1950.	1951.
Live Births (a) Domiciliary } (b) Hospital or Nursing Home }	4,819	3,598	862 2,342	666 2,422
Still Births (a) Domiciliary } (b) Hospital or Nursing Home }	116	74	5 52	9 65
	4,935	3,672	3,261	3,162

TABLE 2
MATERNAL DEATHS

	1947.	1949.	1950.	1951.
No. of maternal deaths	5	—	2	5

TABLE 3
CARE OF MOTHERS

Ante-natal Clinics.	No. of sessions held.	No. of new Cases.		Total No. of Attendances.		Average Attendances per session.
		A.N.	P.N.	A.N.	P.N.	
Burgoyne Road	48	139	125	1,113	125	25·8
Church Road	72	151	65	1,315	65	19·2
Fortis Green	51	198	135	1,383	136	29·8
Hornsey Town Hall	205	334	156	2,943	158	15·1
Mildura Court	33	79	28	677	26	21·3
Campsbourne	23	65	38	561	38	26·0
Stroud Green Road	52	134	67	941	67	19·4
The Chestnuts	249	539	280	3,484	280	15·1
Lordship Lane	203	454	228	2,901	229	15·4
Park Lane	102	346	208	1,681	208	18·5
TOTALS ... 1951	1,038	2,439	1,330	16,999	1,332	17·7
1950	1,082	2,594	1,303	19,006	1,331	18·7
1949	1,074	2,714	1,438	20,617	1,491	20·6
1947	1,075	3,822	1,243	22,004	1,384	21·8

Separate post-natal clinics are not held.

Health Area No. 3

TABLE 3—*continued*

Other Women's Clinics.	No. of sessions held.	No. of new Cases.	Total No. of Attendances.	Average Attendance per session.
<i>Midwives.</i>				
Burgoyne Road	43	9	200	4·6
Fortis Green	47	6	543	11·6
Park Lane	150	1	1,267	8·4
Stroud Green Road ...	51	15	263	5·1
TOTALS ... 1951	291	31	2,273	7·8
1950	257	26	2,306	8·9
1949	182	5	1,495	8·2

TABLE 4

CARE OF YOUNG CHILDREN

Infant Welfare Centres.	No. of sessions held.	First Attendance.		Total Attendances.		Seen by Dr.	Average Attendances.
		Under 1.	Over 1.	Under 1.	Over 1.		
Burgoyne Road	125	223	37	3,375	1,169	1,315	36·0
Church Road	150	192	15	2,982	1,196	1,332	29·2
Fortis Green	160	260	16	3,651	1,328	1,440	31·1
Hornsey Town Hall ...	202	364	26	4,968	2,595	2,988	37·4
Mildura Court	56	96	6	1,946	482	696	43·4
Campsbourne	46	100	5	1,252	448	542	37·0
Stroud Green Road ...	103	167	10	2,678	1,128	684	37·0
The Chestnuts	250	584	29	5,899	1,656	2,319	30·2
Lordship Lane	254	454	38	6,180	2,016	1,442	32·3
Park Lane	205	314	15	4,828	1,244	1,377	29·6
<i>Toddlers' Sessions.</i>							
Burgoyne Road	23	—	36	—	373	373	16·2
Church Road	42	—	22	—	482	470	11·5
Fortis Green	22	—	28	—	286	286	13·0
Hornsey Town Hall ...	36	—	29	—	453	430	12·6
Mildura Court	22	—	19	—	400	345	18·2
Campsbourne	17	—	7	—	302	276	17·7
The Chestnuts	51	—	38	—	749	749	14·6
Lordship Lane	52	—	48	—	854	854	16·4
Park Lane	102	—	29	—	1,092	1,090	10·7
TOTALS ... 1951	1,918	2,754	453	37,759	18,253	19,008	29·2
1950	1,781	2,735	290	41,171	18,625	18,427	34·1
1949	1,810	3,212	1,575	47,009	20,351	20,197	37·2
1947	1,478	4,538	568	52,906	15,448	18,739	46·2

*Health Area No. 3.**Child Life Protection.*

The care of foster-children and the supervision of foster-mothers, like adoption, is now undertaken by the Area Children's Officer and his staff, but the health visitor is still responsible for supervision of the children's health in common with all other children in the district.

Prevention of neglect is one aspect of child life protection that the health visitor still maintains and in certain cases may seek the advice and assistance of the local branch of the N.S.P.C.C.

Care of the Unmarried Mother and her Child.

The fact that a mother is unmarried and therefore requires special help and assistance is usually known by the health visitor before any other person. Arrangements can usually be made for the mother's admission to a hostel or training home until she is able to maintain the child in her parent's home or by other means, by co-operation with the County almoner service or local moral welfare worker. In certain cases the Area Children's Officer makes arrangements for adoption or for accommodation with a foster-mother.

Day Nurseries.

At the beginning of 1951 there were seven nurseries in this Area, four in Hornsey and three in Tottenham, with a total accommodation for 345 children. The smallest of these nurseries (Vincent House) was in an inadequate building which was in need of much repair and was very uneconomical to run. It was decided that, subject to the approval of the Minister of Health, the nursery should be closed and that the children attending should gradually be absorbed into the remaining nurseries. This was accomplished and the nursery was closed on 31st March, 1951.

The admission of children to the remaining six nurseries has been strictly controlled by a Panel of the Area Health Committee, ensuring that all children admitted into the nurseries or names placed on the waiting list come within the Middlesex County Council's rules for admission. The family circumstances of all the children accommodated in the nurseries are reviewed approximately every three months and in certain cases parents are given notice to remove their children in order that others on the waiting list might benefit from the Day Nursery Service. This has made the running of the nurseries more difficult, yet has, at the same time, given the staff the satisfaction of knowing that they have been helping families in greatest need.

All six nurseries have been approved by the Ministry as training nurseries and this is an encouragement in maintaining a good standard of work and gives additional interest to the daily routine. The ten students who sat for their examination in 1951 were all successful and the staff of the Technical College and those in the nurseries are to be congratulated on this result.

TABLE 5

DAY NURSERIES

Day Nursery.	No. of approved places at end of year.		No. of children on register at end of year.		Attendances.			No. of days open.
	0-2 years.	2-5 years.	0-2 years.	2-5 years.	0-2 years.	2-5 years.	Total.	
Ladywell	24	50	25	53	4,654	10,020	14,674	254
Stonecroft	15	45	17	47	2,923	9,415	12,338	254
Red Gables	23	23	22	31	3,641	6,235	9,876	254
Vincent House (closed 31.3.51)	—	—	—	—	255	556	811	63
Park Lane	20	30	21	37	3,722	6,475	10,197	254
Lordship Lane	10	30	10	26	1,942	6,053	7,995	254
Plevna Crescent ...	20	30	19	38	4,730	6,725	11,455	254
TOTALS ... 1951	112	208	114	232	21,867	45,479	67,346	1,587
1950	122	223	90	224	20,678	48,170	68,848	2,103
1949	146	249	118	246	29,036	63,246	92,282	2,436
1947	152	252	—	—	27,574	62,677	90,251	2,026

Health Area No. 3.

Priority Dental Service.

The following table shows the work carried out by the dental officers.

TABLE 6

PRIORITY DENTAL SERVICE

	1947.		1949.		1950.		1951.	
	Expect- ant and nursing mothers.	Children under 5.	Expect- ant and nursing mothers.	Children under 5.	Expect- ant and nursing mothers.	Children under 5.	Expect- ant and nursing mothers.	Children under 5.
No. examined by dental officer	243	245	1,113	698	492	842	43	879
No. referred for treatment	890	221	971	639	423	781	42	795
NEW cases commencing treatment	230	174	756	679	422	711	37	715
Cases made dentally fit	155	211	—	—	255	559	21	462
Forms of dental treatment provided:—								
Teeth extracted	1,946	430	940	777	377	637	53	893
Anaesthetics—								
(a) local	141	—	316	141	138	122	10	196
(b) general	7	114	152	212	100	288	9	275
No. of fillings	1,563	634	985	676	557	1,023	35	1,005
No. of root fillings	—	—	—	—	—	—	1	—
No. of crowns and bridges	—	—	—	—	—	—	—	—
No. of inlays	—	—	—	—	1	—	—	—
Scalings and gum treatment	367	—	—	—	223	125	16	—
Silver nitrate treatment	—	—	—	843	7	828	—	944
Dressings	78	—	—	—	94	646	6	687
Other operations	—	729	475	604	29	198	1	94
No. of Radiographs:—								
(a) At County Council Clinics	—	—	20	1	38	—	—	2
(b) At hospital	—	—	—	—	—	—	—	—
Denture dressings	—	—	460	—	312	—	55	—
Dentures fitted:—								
(a) full	278	—	176	—	48	—	6	—
(b) partial					69	—	8	—
No. of attendances	1,238	768	1,953	1,527	1,099	1,702	104	1,663
No. of appointments not kept	—	—	748	149	326	176	16	230
No. of half days devoted to service	—	—	—	—	297		212	

Daily Guardian Scheme.

This scheme provides for the payment to daily guardians of 1s. per day for each child minded while the mother is at work. Health visitors are responsible for the visiting and recommendation of suitable women as daily guardians and for periodic visiting of children while in their care. In addition, guardians are required to take the children to the nearest welfare centre each month.

At the end of 1951 there were 100 daily guardians on the register, of whom 58 were minding 64 children. The number of individual children minded during the year was 129 and they were in the care of guardians for 15,710 days.

Midwifery Service (Section 22)

During 1951 the number of domiciliary midwives employed in the Area was 15, and the number of cases attended averaged 44 per midwife. Midwives attend at the confinement and visit for 14 days thereafter. During the first three days after birth the midwife attends twice a day and for the remainder of the time she attends once daily. In addition several home visits are made to the expectant mother during pregnancy prior to attendance at the ante-natal and midwives' clinics.

Two of the midwives reach retiring age during 1952 and it is not proposed to replace them as, with the present number of home confinements, the remaining 13 midwives should be sufficient for the work.

Eight of the midwives are approved by the Central Midwives Board as teachers for Part II district training of pupil midwives. Pupils are attached to the midwifery teachers for three months and six pupils are in training at any one time. During this period each pupil has to take ten cases.

Under the rules of the Central Midwives Board midwives may now administer pethidine to patients if they consider it necessary. This has been welcomed by the midwives and found to be beneficial to the patients. All the midwives are qualified in the administration of gas and air analgesia which is available to mothers on request.

Premature babies born at home have received extra care, including provision of special clothing and hot water bottles.

The following table is of interest in demonstrating the decline in the domiciliary midwifery service since the inception of the National Health Service.

TABLE 7

MIDWIFERY SERVICE

Maternity cases attended by County Council Domiciliary Midwives:—

	1947.	1949.	1950.	1951.
As Midwife	2,171	771	708	589
As Maternity Nurse		174	154	71
TOTALS	2,171	945	862	660

Administration of Gas and Air Analgesia by County Council Domiciliary Midwives:—

	1947.	1949.	1950.	1951.
As Midwife	213	391	352	368
As Maternity Nurse			89	30
TOTALS	213	391	441	398

Medical Aid:—

	1949.	1950.	1951.
(a) No. of domiciliary cases in which medical aid was summoned:—			
(i) Where the medical practitioner had arranged to provide the patient with maternity medical service under the National Health Service	251	24	12
(ii) Others		162	166
(b) For cases in institutions	—	5	13
TOTALS	251	191	191

Health Visiting (Section 24)

The work of the health visitor has enlarged its scope since the National Health Service Act came into force. This is mainly because the field work has widened to include the care of the family as a whole, including the aged, instead of as previously only the care of the mother and child. Also because the health visitor's special knowledge of social conditions affecting the welfare of the family has been in greater demand by hospitals and other agencies working in the National Health Service or co-operating with it. The consequent increase in the writing of reports has encroached on the health visitor's time more than ever before.

Each health visitor spends a proportion of her time in home visiting, health education in schools and clinics, duties in Maternity and Child Welfare Centres, School clinics and routine hygiene and medical examinations in schools. Some of these latter duties are undertaken by school and clinic nurses. Requests for talks to school girl leavers have increased and now these are given regularly each term in a number of schools in the Area.

During the year members of the health visiting staff have assisted with special investigations on B.C.G. inoculations for school leavers; the social needs of people living in large blocks of flats and the nutritional survey of anaemia in housewives.

A health visitor also attends the Prince of Wales's Hospital Paediatric and Rheumatism Clinics on one half-day session per week and carries out special visits connected with applications for convalescence, admission to hospital and hospital discharges.

Each health visitor is appointed to combined work of health visiting and school nursing but a proportion of routine clinic and school medical work is delegated to school and clinic nurses, so that the health visitor is enabled to devote more time to the socio-medical duties which have developed to meet present day needs.

Practical health visiting experience has been provided in the Area for student health visitors from Middlesex, Essex, The Royal College of Nursing and the London County Council.

The following table records the number of visits paid by health visitors working in this Area and shows a progressive rise over the past three years.

TABLE 8
HEALTH VISITING SERVICE

Number of visits paid by all Health Visitors working in the Area to:—	1947.		1949.		1950.		1951.	
	First Visits.	Total Visits.	First Visits.	Total Visits.	First Visits.	Total Visits.	First Visits.	Total Visits.
Expectant Mothers	2,648	4,852	2,054	4,829	1,782	4,562	1,721	4,544
Children under 1 year	4,516	15,331	3,472	11,928	2,940	11,386	3,158	13,825
Children 1-5 years	286	17,225	38	15,990	75	16,658	27	18,146
Children of school age	not available		804	2,008	4	1,886	5	2,367
Child Life Protection cases	72	482	37	295	3	25	—	—
Adoption cases	—	32	47	152	3	20	—	—
Other persons	—	2,165	652	765	922	1,589	1,969	3,253
TOTALS	40,087		35,967		36,126		42,135	

No. of health visitors employed at end of 1951:—

- (a) Whole-time on health visiting —
- (b) Part-time on health visiting 28
- (c) Equivalent whole-time health visiting services provided under (b)—
including attendances at clinics 17

Home Nursing (Section 25)

On the 1st May, 1951, the Nurses Home at 32, Haringey Park, Hornsey, was closed down and the Hornsey District Nursing Association ceased to operate a home nursing service on behalf of the County Council. The nurses who had resided at the Nurses Home resigned and the remainder of the staff, who were all living in their own homes and mostly doing part-time work, came under the direct control of the Superintendent of Home Nurses. Office facilities were made available at the School Clinic, rear of Hornsey Town Hall, where the home nurses can attend daily to make up their records, meet the Superintendent and receive instructions as to their visits. All general medical practitioners and hospitals using the service were informed of these changes and the service has continued to function smoothly.

Health Area No. 3

In Tottenham, the District Nursing Association continued to operate Bruce Grove Nurses Home on behalf of the County Council. Here there is accommodation for eight resident nurses, but in spite of continuous efforts throughout the year it was not possible to staff the home fully and at the end of the year the Superintendent and five nurses were in residence. Non-resident nurses working in Tottenham report to the Home daily for instructions.

The demand for home nurses is increasing. A greater number of patients receive drugs by injection, often daily, over long periods, and sometimes four-hourly for short periods. The acutely ill and the chronic sick are also attended, and as the number of old and feeble people living alone increases, so will the demand on the home nursing service expand.

There are many well-qualified women living in the Area who are willing to give part-time service so that there is no real difficulty in maintaining the establishment. There is, however, a serious deficiency of full-time nurses willing to work as non-resident nurses from their own homes or as resident nurses from the Bruce Grove Nurses Home, so that the burden of evening and week-end visits does fall upon the few full-time nurses employed.

TABLE 9
HOME NURSING SERVICE

	Total.	Males over 14.	Females over 14.	Males and Females 14 and under.
Cases on register on 1.1.51	341	105	233	3
New cases during year	2,403	774	1,468	161
Cases completed during year... ..	2,295	743	1,397	155
Cases remaining on register on 31.12.51 ...	449	136	304	9

Total number of visits during 1951	62,124
„ „ „ „ „ 1950	50,265
„ „ „ „ „ 1949	40,076

No. of home nurses employed at end of 1951:—

(a) Whole-time on home nursing	14
(b) Part-time on home nursing	16
(c) Equivalent whole-time of staff shown under (b)	10

Vaccination and Immunisation (Section 26)

Since compulsory vaccination ceased, and parents no longer get a letter reminding them to make an appointment with the doctor for him to call and vaccinate the baby, the percentage of vaccinated children under 1 year of age fell from 41 per cent. in 1947 to 18 per cent. in 1949. In 1951 there were signs that the percentage is improving.

To convince a mother of the need for vaccination is at times an absorbing task, and it has to be done with consideration and a clear explanation of the fundamental principles.

Propaganda for protection against smallpox, as for diphtheria, forms a routine function of the medical and nursing staff of the area health service.

The following table records the number of persons known to have been vaccinated or re-vaccinated during 1951.

TABLE 10
VACCINATIONS—1951

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
(i) No. of persons primarily vaccinated...	961	147	65	191	1,364
(ii) No. of persons re-vaccinated... ..	—	21	99	674	794

Health Area No. 3

Immunisation against Diphtheria.

The immunisation of the 6-9 month old baby has gone on steadily, and is sustained by the work done by the health visitors.

"T.A.F." immunising material is used still in some clinics while "A.P.T." is used in others. Schick testing has been given up entirely as a routine. "Boosting" doses are always done with "T.A.F." and no adverse reaction has been observed.

The following table records immunisations carried out by area medical staff as well as general medical practitioners during 1951.

TABLE 11

IMMUNISATION—1951

Age at date of notification.	No. of Children immunised			No. of Children re-inforcing injection
	Diphtheria only.	Combined Diphtheria and Whooping Cough.	Whooping Cough only.	
Under One	1,147	55	293	—
One	907	51	756	—
Two	111	4	144	—
Three... ..	54	1	104	4
Four	48	2	71	213
Five to Nine	47	4	25	458
Ten to Fourteen	9	—	—	50
TOTAL	2,323	117	1,393	725

Whooping Cough Vaccination Trials.

An intensive investigation into the value of whooping cough vaccines in this and other districts, carried out by the Medical Research Council at the request of the Ministry of Health, has shown that the disease can be prevented or modified by the use of suitably prepared vaccines.

At the beginning of 1951 new trials began in Tottenham to assess the potency of various types of vaccine and the parents of children between six months and four years of age who had not already had whooping cough or been inoculated against it were invited to let their children take part in the trials. The main difference between this and earlier trials is that all children now receive a whooping cough vaccine and there is no "control" uninoculated group.

The inoculations are given at infant welfare clinics by the area medical staff and the follow-up in the children's homes is done by a health visitor employed by the Medical Research Council.

The trials have worked smoothly during the year and a total of 1,084 children were inoculated.

The County Council has now agreed to make available free whooping cough vaccination at all immunisation clinics in the Area. This will meet the increasing demand made by the public following the interest stimulated by the local trials.

Prevention of Illness, Care and After-Care (Section 28)

(a) Recuperative Holiday Homes.

During the year, area health staffs were made responsible for dealing with applications for admission to recuperative holiday homes under the above section of the National Health Service Act. The scheme covers adult patients of any age, children under five and children of school age attending private schools who are recommended for admission to a recuperative holiday home for a short period of rest. Applications are received from hospitals, general practitioners and voluntary organisations and involve the medical, health visiting and administrative staff.

Health Area No. 3

The following table shows the cases dealt with up to the end of the year.

1st May, 1951, to 31st December, 1951

	Applications received.	Admission to recuperative holiday home recommended.
Adults	188	184
Children	37	32
	225	216

(b) *Loan of Nursing Equipment.*

During the year an arrangement was made for the Middlesex branch of the British Red Cross Society to operate a scheme for the loan of nursing equipment on behalf of the County Council. The scheme came into force on the 1st November, 1951, and nursing equipment required for patients is now obtainable from the depots in Hornsey and Tottenham.

Domestic Help Service (Section 29)

This service is growing rapidly and is primarily to provide domestic help for maternity cases when the mother has her baby at home; and to patients suffering from tuberculosis. In the latter case many women are ordered complete, or partial, "bed rest" for six or twelve months. Where there are children to care for, and a house to clean and meals to cook, the domestic help provides a vital service.

In addition to the needs of the aged sick other urgent requests have to be met as far as possible.

Patients are assessed to pay for the service according to their financial circumstances and in many cases no charge is made.

The demand for home helps is constant and many people would like to have more help than they are given—but a constant watch must be kept so that everyone, after the priority cases, gets a fair share of the available pool of workers.

TABLE 12

DOMESTIC HELP SERVICE

	Maternity.	T.B.	Others.	Total 1951.	Comparative Totals.	
					1950.	1949.
No. of approved applications for service of home help received	166	44	643	853	925	1,013
No. of new cases in which help has been provided	155	47	610	812	884	1,011
No. of old cases in which help has been provided	6	83	452	531	430	372

No. of helps employed at 31.12.51 (whole-time) 14

No. of helps employed at 31.12.51 (part-time) 131

Equivalent No. of full time helps employed at 31.12.51 88·5

